

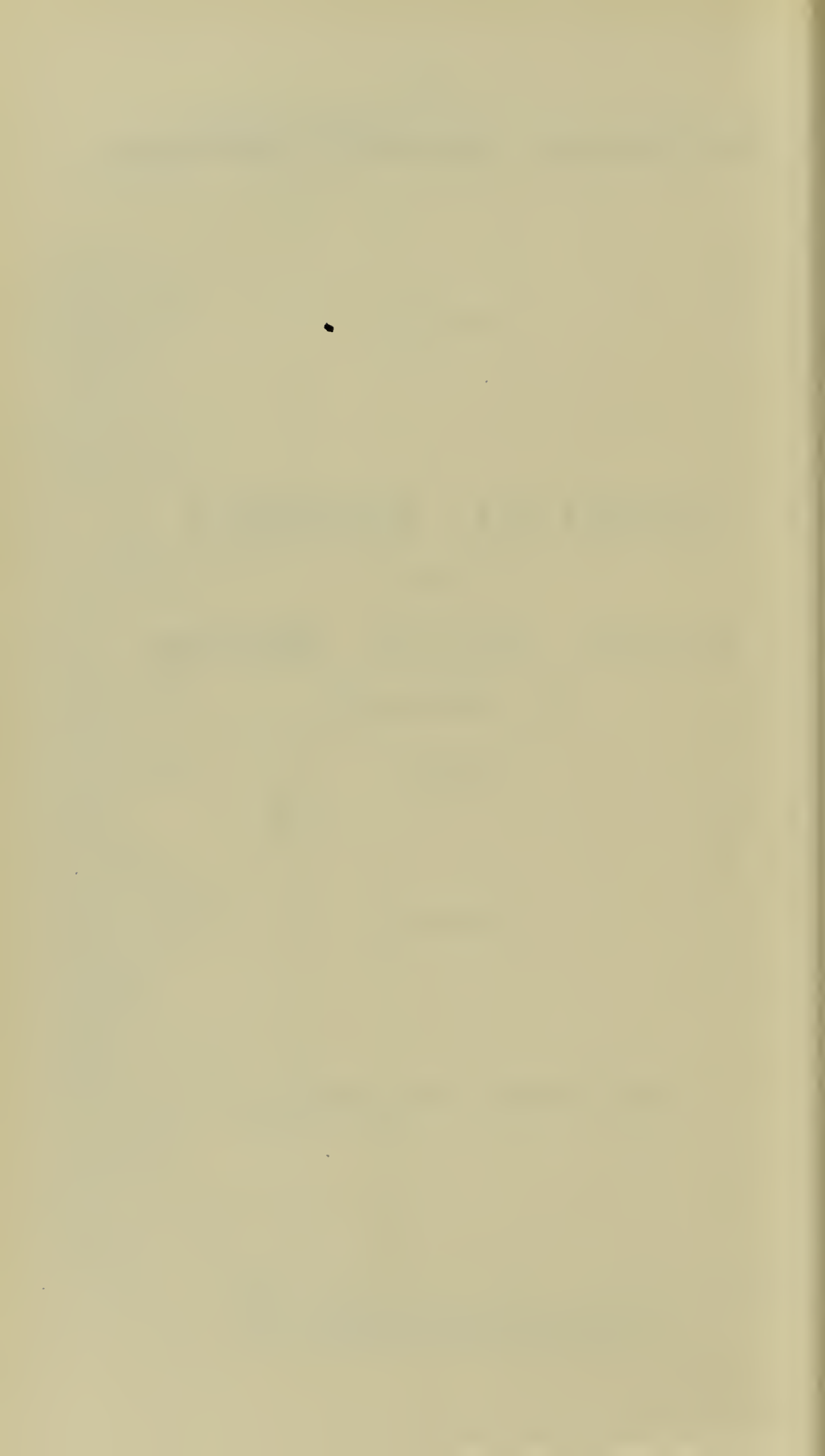
CORNWALL COUNTY COUNCIL

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ANNUAL REPORT  
OF THE  
COUNTY MEDICAL OFFICER  
OF HEALTH  
1955

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R. N. CURNOW, M.B., B.S., D.P.H.



## CONTENTS

Health Committee	...	...	.	...	...	5
Public Health Officers	...	...	..	...	...	9
Statistics and Social Conditions			..	...	...	13
National Health Service Acts—Administration	...			...	...	16
Care of Mothers and Young Children	...			...	...	17
Maternity Accommodation	...			...	...	18
Rosemundy Home	...			...	...	20
Puerperal Pyrexia	...			...	...	20
Ophthalmia Neonatorum	...			...	...	20
Maternal mortality	...		..	...	...	20
Infant mortality	...	...	..	...	...	21
Child Welfare Centres	...			...	...	25
Welfare Foods	...			...	...	25
Family Planning Clinic	...			...	...	26
Dental Service	...	...	..	...	...	27
Nursing Services—						
Report of County Nursing Officer	..			...	...	29
Report of Supervisor of Midwives	...			...	...	31
Nursing Homes	...	...	..	...	...	36
Disabled and Old Persons' Homes	...			...	...	36
Ambulance Service—						
Report of County Ambulance Officer	...			...	...	36
Statistics	...	...	...	...	...	37
Epidemiology, Preventive Medicine, Care and After-Care—						39
Diphtheria	...	...	..	...	...	41
Dysentery and Food Poisoning	...			...	...	42
Enteric Fever	...	...	...	...	...	42
Measles	...	...	..	...	...	42
Meningococcal Infections	...			...	...	42
Poliomyelitis	...	...	...	...	...	42
Acute Rheumatism	...		..	...	...	43
Tuberculosis	...	...	...	...	...	43
Diabetes Mellitus	...	...	...	...	...	47

## CONTENTS (continued)

Health Education	...	...	...	...	...	54
Domestic Health Service	...	...	...	...	...	55
Mental Health	...	...	...	...	...	56
Statistics	...	...	...	...	...	63
Welfare Services:—						
The Aged and Infirm	...	...	...	...	...	66
Blind and Partially Sighted Persons				...	...	74
Deaf and Dumb Persons	...	..	...	...	...	81
Other Handicapped Persons		..	...	...	...	83
Epileptics and Spastics	...	..	...	...	...	84
Laboratory Facilities	...	..	...	...	...	88
Inspection and Supervision of Food—Report of Chief						
Inspector under Food and Drugs Acts	...	...	...	...	...	88
Sanitary Circumstances—Report of County Sanitary Officer ...						
Milk—Special Designations		...	...	...	...	91
Milk in Schools Scheme	...	...	...	...	...	93
Water Supplies in Schools	...	...	...	...	...	94
Ice Cream (Heat Treatment) Regulations, 1947	...			...	...	95
Inquiries by Ministry of Housing and Local Government						96
Rivers Pollution Prevention		..	...	...	...	97
Water Supplies	...	...	..	...	...	97
Sewerage and Sewage Disposal		...	...	...	...	99
Housing	...	...	...	...	...	104

### Tables:—

- Table I. Population, Births and Deaths, 1955.
- Table II. Population, Births and Deaths—Summary of Years
- Table III. Infectious Diseases, 1955.
- Table IV. Infectious Diseases—Summary of Years.
- Table V. Causes of Death, 1955.

## HEALTH COMMITTEE

(as constituted at 31st December, 1955)

### Chairman:

Mrs. M. F. WILLIAMS

### Vice-Chairman:

W. S. RASHLEIGH

### Members:

J. R. BAILEY	N. H. R. NORMINGTON
Mrs. A. M. BLACKWOOD	W. G. OLD
S. J. L. CHUBB	J. C. PENBERTHY
Major C. A. E. CHUDLEIGH	W. J. T. PETERS
T. B. EDDY	J. READ
F. EDE	Dr. D. F. ROBB
J. H. HAWKEN	A. J. ROBERTS
F. G. FORD	J. M. TAMBLYN
Mrs. L. GARSTIN	Mrs. E. V. TOWNSEND
F. L. HARRIS	P. M. WILLIAMS
E. G. LILLEY	Mrs. D. M. WILLS
W. E. MILLER	

### Representatives of Area Sub-Committees:

Area I	G. SIDDONS	Area IV	H. C. ROWSE
Area II	W. HART	Area V	C. H. COLLINS
Area III	Dr. E. H. EASTCOTT	Area VI	Mrs. K. M. ALFORD
	Area VII D. B. PEACOCK		

### Co-Opted Members:

Mrs. W. G. BULTEEL	Cornwall County Nursing Association
Dr. J. P. B. ARTHUR	... British Red Cross Society
Dr. W. L. STEWART	... St. John Ambulance Brigade
Dr. W. LESLIE	... Local Medical Committee
Miss J. A. FOSTER	... Mental Health

### Ex Officio:

The Chairman of the County Council.  
 The Vice-Chairman of the County Council.  
 The Chairman of the Finance Committee.

The work of the Health Committee is largely done through the following Sub-Committees:—

Ambulance Sub-Committee

Finance and General Sub-Committee

Maternity and Child Welfare Sub-Committee

Welfare Sub-Committee

Welfare House Sub-Committees

and

7 Health Area Sub-Committees

To the Chairman and Members of the Cornwall County Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the Health of the County of Cornwall during the year 1955.

The vital statistics contained in this volume show that the health of the County continues to be satisfactory. There was a fall in the birth rate, but this was accompanied by a fall in the maternal mortality rate to a record low level. The slight rise in the infant mortality rate was partly offset by a fall in the stillbirth rate. Deaths from tuberculosis again reached a record low level, and are less than half the number which occurred five years ago.

A figure which causes us some anxiety in Cornwall is that known as the peri-natal death rate. This figure includes children stillborn and those born alive but dying in the first week of life. This rate stubbornly refuses to diminish, and is maintained at a level above that for England and Wales as a whole. This problem merits very serious attention, and is at the time of writing, being investigated by representatives of the General Medical Practitioners, the Hospital Authorities and the County Health Department.

The section on Epidemiology contributed by Dr. Hargreaves contains, as usual, an interesting review of the incidence and control of infectious diseases in the County. It also contains an abstract of a survey carried out by him, in conjunction with Dr. C. T. Andrews, Consulting Physician, Truro, on the prevalence of diabetes in Cornwall. As control over the infectious diseases becomes more firmly established, the application of epidemiological survey methods to other diseases responsible for a considerable amount of ill health is gradually spreading, in the hope that some underlying cause for these diseases may be found, and so help to prevent their occurrence.

I would draw particular attention to the section on Mental Health contributed by Mr. F. E. Pascoe, the County Mental Health Officer, in which he provides much food for thought on the part of those who are interested in this problem of growing complexity and importance. The section on the Welfare Services contributed by Mr. F. R. Mountford, the County Welfare Officer, describes the very satisfactory and rapid progress which has been made towards the elimination of unsatisfactory accommodation for elderly people, and the provision of really homely Homes for the elderly. It is

impossible to summarise these two sections of the Report, and they should be read carefully by those who are interested in the modern trends of these Services.

I repeat my acknowledgment of the help and consideration I have received from the Chairman and Members of my Committee, both collectively and individually, the sympathetic support I have received from my colleagues in other branches of medical practice, and the loyal assistance I have received from my Staff.

I am,

Your obedient Servant,

R. N. CURNOW,

County Medical Officer.

July, 1956.



# CORNWALL COUNTY COUNCIL

## REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1955.

### PUBLIC HEALTH OFFICERS:

**County Medical Officer of Health and Principal School Medical Officer:**  
R. N. CURNOW, M.B., B.S., D.P.H.

**Deputy County Medical Officer and Deputy Principal School Medical Officer:**  
E. R. HARGREAVES, M.A., M.D., B.Ch., D.P.H.

**Assistant County Medical Officer and Supervisor of Midwives:**  
ANNIE MATHER, M.B., Ch.B., D.P.H.

### Assistant County Medical Officers:

#### Area I (Penzance)—

W. K. DUNSCOMBE, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,  
D.T.M. & H.

#### Area 2 (Redruth)—

G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

#### Area 3 (Truro)—

V. E. WHITMAN, B.Sc., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.

#### Area 4 (St Austell)—

J. G. S. TURNER, C.M.G., M.B., Ch.B., B.Sc., D.P.H., D.T.M.,

#### Area 5 (Wadebridge)—

\*J. REED, M.B., Ch.B., B.Sc., D.P.H.

#### Area 6 (Launceston)—

\*W. PATERSON, M.B., Ch.B., D.P.H.

#### Area 7 (Liskeard)—

P. J. FOX, M.B., B.Ch., D.P.H.

\*Also School Medical Officer.

### County Psychiatrist:

D. JACKSON, M.A., M.B., Ch.B., D.P.M.

### Senior School Medical Officer:

C. C. ELLIOTT, D.S.C., V.R.D., M.D.

**School Medical Officers:**

DOROTHY A. CHOWN, M.R.C.S., L.R.C.P.  
 MURIEL V. JOSCELYNE, M.B., Ch.B., D.P.H.  
 C. L. KNIGHT, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.  
 JEAN D. McMILLAN, B.Sc., M.B., Ch.B.  
 §W. PATERSON, M.B., Ch.B., D.P.H.  
 §J. REED, M.B., Ch.B., B.Sc., D.P.H.  
 B. ROBERTS, M.R.C.S., L.R.C.P.  
 WINIFRED M. RYAN, M.R.C.S., L.R.C.P.  
 G. W. WARD, M.B., Ch.B., D.P.H.

§Also Assistant County Medical Officer

**Chief Dental Officer:**

A. H. MILLETT, L.D.S.

**Dental Officers:**

R. J. R. BAKER, L.D.S.  
 K. BATTEN, L.D.S. (Part-time).  
 P. S. R. CONRON, L.D.S.  
 H. J. EAGLESON, L.D.S.  
 W. H. ELLAM, B.D.S.  
 W. Mc.C. GRAVES-MORRIS, L.D.S., L.M.S.S.A. (Part-time)  
 G. C. HODGSON, L.D.S.  
 D. A. PATTERSON, L.D.S.  
 F. R. TAYLOR, L.D.S.  
 E. R. TRYTHALL, L.D.S.  
 G. TUNSTALL, L.D.S. (Comm. 24.5.55—Part-time)  
 R. G. WHEELER, L.D.S. (Comm. 25.5.55—Part-time)

**County Sanitary Officer:**

W. SHAW, Cert. R.S.I., F.S.I.A.

**Assistant County Sanitary Officer:**

W. R. SAUNDERS, Cert. R.S.I.

**County Nursing Officer, Non-Medical Supervisor of Midwives, and Superintendent Health Visitor:**

Miss ANN WHITE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

**Deputy County Nursing Officer, etc.:**

Miss M. A. PRICE, S.R.N., S.C.M., Q.N.S., H.V.Cert.

**Assistant County Nursing Officers:**

Area 1—Miss A. HANSBURY, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 2—Miss A. HOWARTH, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 3—Miss M. GRAY, S.R.N., S.C.M., H.V. Cert. (Left 31.3.55)  
Miss E. J. JENNINGS, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
(Comm. 1.4.55)

Area 4—Miss A. FEATHERSTONE, S.R.N., S.C.M., Q.N.S.,  
H.V.Cert. (Left 30.6.55).  
Miss M. E. SPEAR, S.R.N., S.C.M., Q.N.S., H.V.Cert.  
(Comm. 29.8.55)

Area 5—Miss B. H. FLETCHER, S.R.N., S.C.M., Q.N.S., H.V.Cert.

Area 6—Miss L. A. CULVERHOUSE, S.R.N., S.C.M., Q.N.S.,  
H.V.Cert.

Area 7—Miss G. I. JESS, S.R.N., S.C.M., Q.N.S., H.V. Cert.

**County Ambulance Officer:**

T. C. TRESIDDER, Commander of the Order of St. John.

**Area Ambulance Supervisors:**

Areas 1—3—F. POLKINGHORNE

Areas 4—7—D. C. B. PECKETT

Civil Defence Training—W. H. MAYCOCK

Mechanical Supervisor—J. J. PEARCE

**County Welfare Officer:**

F. R. MOUNTFORD, D.P.A., A.C.I.S.

**Social Welfare Officer:**

Mrs. B. J. Banham, S.R.N., Diploma Social Studies (Comm. 1.11.55)

**County Mental Health Officer:**

F. E. PASCOE, R.O.'s Cert.

**Educational Psychologist:**

J. E. COLLINS, B.A., Dip.Ed.Psych., A.B.Ps.S.

**Psychiatric Social Worker:**

Miss B. ROGERS, Social Science Diploma.

**Mental Health Worker:**

Miss B. M. SYRETT

**Mental Health and Welfare Officers:**

Area 1—P. A. CLIFTON

Area 2—F. A. MARKS

Area 3—S. R. MOYSE

Area 4—W. St.A. SWEET

Area 5—A. J. ARMSTRONG

Area 6—H. DAVEY, R.O.'s Cert.

Area 7—W. V. COUCH

Central—B. BUCKINGHAM

**Teachers of the Mentally Handicapped:**

Miss A. BALCOMBE, Diploma N.A.M.H.

Miss E. R. CREWE, Diploma N.A.M.H.

**County Home Help Organiser:**

Mrs. E. L. CROTHERS, B.E.M.

**Speech Therapists:**

Miss G. O. FELL, L.C.S.T.

Miss H. J. RICHARDS, L.C.S.T.

**PART-TIME OFFICERS:**

**Chief Inspector under Food and Drugs Acts:**

K. R. C. MARTIN, M.I.W.M.A. (also Chief Inspector of Weights & Measures)

**Public Analyst:**

ERIC VOELCKER, A.R.C.S., F.R.I.C.

Analytical Laboratory, Stuart House, 1, Tudor Street,  
London, E.C.4.

**County Pathologist:**

F. D. M. HOCKING, M.Sc., M.B., B.S., F.I.C., F.C.S.,  
Royal Cornwall Infirmary, Truro.

**Chest Physicians: (under the Regional Hospital Board)**

L. W. HALE, M.D., F.R.C.P.

B. A. G. JENKINS, M.D., M.R.C.P.

G. A. M. HALL, M.D., M.R.C.S.

J. C. MELLOR, M.B., Ch.B.

### STATISTICS AND SOCIAL CONDITIONS

Area of the County ... ..	864,126 acres
Population 1955 (Registrar General's estimate) ...	339,760
Population 1951 census ... ..	343,447
Population, 1931 census ... ..	316,228
Censal increase ... ..	27,219
Percentage increase ... ..	8.6
Number of inhabited houses (1951 Census) ...	100,577
Rateable Value ... ..	£1,994,422
Sum represented by a penny rate ... ..	£8,048

The Registrar General's mid-year estimate of the population for the Urban and Rural areas during each of the five years 1951—55 is shown in the following table:—

	1951	1952	1953	1954	1955
Urban Districts ..	186,500	186,200	186,900	186,700	186,600
Rural Districts ...	153,300	154,661	154,563	154,650	153,160
Administrative County ...	339,800	340,861	341,463	341,350	339,760
Increase or decrease over previous year ..	— 199	+ 1,061	+ 602	— 113	—1,590

Table I at the end of the Report shows the estimated population and number of births and deaths for 1955 in each of the County Districts of the County, whilst Table II gives a summary of these statistics for the County for recent years.

#### Births and Birth Rate

Live Births		Male	Female	Total
Legitimate	... ..	2,100	2,120	4,220
Illegitimate	... ..	113	89	202
Total		2,213	2,209	4,422
Birth rate per 1,000 of the population		...	...	13.02
Still Births ...		Male	Female	Total
Legitimate	... ..	66	58	124
Illegitimate	... ..	4	3	7
Total		70	61	131
Still birth rate per 1,000 of the population		...	...	0.38

The Birth Rate of 13.02 compares with a rate of 14.00 in 1954. The following are the rates for recent years:—

				Cornwall	England & Wales
1946	...	...	...	18.09	19.1
1947	...	...	...	19.00	20.5
1948	...	...	...	16.33	17.9
1949	...	...	...	15.41	16.7
1950	...	...	...	13.99	15.8
1951	...	...	...	14.33	15.5
1952	...	...	...	14.32	15.3
1953	...	...	...	14.01	15.5
1954	...	...	...	14.00	15.2
1955	...	...	...	13.02	

### Deaths and Death Rate

Deaths registered in or belonging to the County during the year were as follows:—

Males	...	...	...	2,304
Females	...	...	...	2,370
Total	...	...	...	<hr/> 4,674 <hr/>

This gives a death rate of 13.76 as compared with a rate of 13.23 in 1954. The following are the rates for recent years:—

				Cornwall	England & Wales
1946	...	...	...	14.32	11.5
1947	...	...	...	14.72	12.0
1948	...	...	...	12.93	10.8
1949	...	...	...	14.10	11.7
1950	...	...	...	13.69	11.6
1951	...	...	...	14.31	12.5
1952	...	...	...	12.84	11.3
1953	...	...	...	13.22	11.4
1954	...	...	...	13.23	11.3
1955	...	...	...	13.76	

### Infant Mortality

There were 118 infant deaths, representing a rate of 26.69 per 1,000 live births. This compares with a rate of 20.92 in 1954. The infant mortality rate is generally considered to be the best index we possess to the social circumstances of an area, as the rate tends to be high where bad housing, overcrowding, defective sanitation, and maternal ignorance and neglect are found.



**Chief causes of death at all ages:—**

	1954	1955
Disease of Heart and Blood Vessels ...	1,879	1,927
Cancer ... ..	748	746
Vascular lesions of nervous system ..	665	677
Respiratory disease ... ..	319	352
Suicide and deaths from violence ...	164	160
Tuberculosis ... ..	73	55

**Deaths from Heart Disease**

Age Group	Urban Districts		Rural Districts		Total
	M.	F.	M.	F.	
Under 1 ...	—	—	—	—	—
1—5 ...	—	—	—	—	—
5—14 ...	—	—	—	—	—
15—24 ...	—	—	—	—	—
25—44 ...	8	3	4	3	18
45—64 ...	99	61	73	33	266
65—74 ...	146	117	102	83	448
75 & over	260	343	165	221	989
	513	524	344	340	1,721*

\* including 9 deaths in Scilly Isles

**Number of Deaths at Different Periods of Life**

Age Group			Male	Female	Total
Under 1 ... ..	...	...	76	42	118
1—4 ... ..	...	...	7	6	13
5—14 ... ..	...	...	5	9	14
15—24 ... ..	...	...	27	8	35
25—44 ... ..	...	...	81	76	157
45—64 ... ..	...	...	530	362	892
65—74 ... ..	...	...	636	610	1,246
75 & over ... ..	...	...	953	1,267	2,220
	Total		2,315	2,380	4,695*

\*including 21 deaths in Scilly Isles

various age-groups out of every 1,000 deaths which occurred in the County

The following table shows the number of deaths which occurred in in the years 1905 and 1955:—

1905			1955
163	Under 1 year of age	..	25
56	Aged 1 year to 5 years	...	3
27	Aged 5 to 15 years	...	3
48	Aged 15 to 25 years	...	7
288	Aged 25 to 65 years	...	223
417	Aged 65 years and over	...	738

## NATIONAL HEALTH SERVICE ACTS, 1946—49.

### ADMINISTRATION

The administrative structure described in some detail in earlier Annual Reports has continued to function smoothly.

The areas into which the County has been divided are as follows:—

Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
1	1, North Parade, Penzance.	Penzance M.B.	3,155	19,980
		St. Ives M.B.	4,287	8,550
		St. Just U.D.	7,634	4,020
		West Penwith R.D.	59,792	17,540
			<hr/> 74,868 <hr/>	<hr/> 50,090 <hr/>
2	Station Hill, Redruth.	Helston M.B.	4,014	5,830
		Camborne-Redruth U.D.	22,062	35,410
		Kerrier R.D.	90,839	22,200
			<hr/> 116,915 <hr/>	<hr/> 63,440 <hr/>
3	6/7 Lemon Street, Truro.	Falmouth M.B.	1,880	16,490
		Penryn M.B.	829	4,270
		Truro City	2,634	13,460
		Truro R.D.	108,316	26,760
			<hr/> 113,659 <hr/>	<hr/> 60,980 <hr/>
4	34a Fore Street, St. Austell.	Fowey M.B.	2,979	2,320
		Lostwithiel M.B.	3,156	2,020
		Newquay U.D.	4,599	10,020
		St. Austell U.D.	18,379	23,490
		St. Austell R.D.	82,389	21,800
			<hr/> 111,502 <hr/>	<hr/> 59,650 <hr/>



Area No.	Area Office Address.	County Districts	Area in Acres.	Estimated Population
5	Hill Road, Wadebridge.	Bodinin M.B.	3,312	6,300
		Padstow U.D.	3,343	2,890
		Wadebridge R.D.	88,230	15,860
			<hr/> 94,885	<hr/> 25,050
6	Launceston.	Launceston M.B.	2,182	4,670
		Bude-Stratton U.D.	4,294	5,150
		Camelford R.D.	52,544	7,340
		Launceston R.D.	73,051	6,450
		Stratton R.D.	56,285	5,320
			<hr/> 188,356	<hr/> 28,930
7	Westbourne Liskeard	Liskeard M.B.	2,704	4,350
		Saltash M.B.	5,335	7,460
		Looe U.D.	1,691	3,710
		Torpoint U.D.	975	6,210
		St. Germans R.D.	48,433	15,860
		Liskeard R.D.	104,803	14,030
			<hr/> 163,941	<hr/> 51,620

## CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

It is the duty of the County Council to provide for the care of expectant and nursing mothers and young children. Unfortunately, the record low infant mortality rate of last year was not maintained and rose from 20.92 (1954) to 26.68 per 1,000 live births. This is only a slight reduction on the rate for 1953, which was 26.75. The increase is in infant deaths occurring in the neo-natal period. Deaths of babies aged one month to one year fell from 41 last year to 25. There is also a reduction in the still-birth rate from 31.4 per 1,000 total births in 1954 to 28.8 this year. About half the neo-natal deaths and still-births occur in premature infants. Further reference is made to these figures later.

There is a slight reduction in the number of children attending child welfare centres, and in their attendances. The fact that there were 358 fewer live births than last year may account for this. Towards the end of the year the new centre at "Bellair", Penzance was opened, replacing the premises in Morrab Road, where the clinic had been held for many years.

### **Ante-Natal Clinics**

Ante-natal clinics are provided by the Regional Hospital Board, and are attended by consultants and hospital staff. Patients are referred to these clinics by their own doctors. Expectant mothers who intend having a domiciliary confinement are attended by their own doctors and midwives. There is a very good liaison in this work, and frequently patients are seen by doctors and midwives together by appointment at the surgeries or at homes of the patients.

Midwives' ante-natal clinics are held in several places in the County. These are usually small groups where classes are held in mothercraft. Patients are also instructed in the progress of labour, use of gas and air analgesia, and practise relaxation exercises. These classes are run by health visitors and midwives mainly for their own patients, but patients booked for hospital are also invited to attend.

### **Maternity Accommodation**

All hospital accommodation is provided by the Regional Hospital Board. Women needing hospital beds for medical reasons are referred by their own doctors. Patients needing hospital accommodation on social grounds are referred by the County Medical Officer. During the year 576 women were referred because their home conditions were unsuitable for confinements, 75 to West Cornwall Hospital, Penzance; 30 to Redruth Hospital; 141 to Trebarras Maternity Home, Liskeard; 183 to Old Tree Maternity Home, Launceston; 55 to St. Barnabas Hospital, Saltash; 53 to Alexandra Maternity Home, Plymouth; and 39 to Tavistock Maternity Home. This is 55 fewer than the number referred last year.

In the autumn a difficulty arose owing to overcrowding in West Cornwall Hospital, which was largely due to wrong estimation of expected dates of delivery. To avoid this recurring, bookings have been reduced to 5 a month.

The following table shows the percentage of births which took place in the patients' homes or elsewhere, and also the number of practising midwives:—

Year	Total No. of births	Percentage of total births occurring in:—			Midwives	
		Patient's Home	Redruth Maternity Unit and other Hospitals	Nursing Homes	Total No. Practising	No. employed by C.C.N.A. or C.C.
1940	4431	*	6.5	*	251	184
1941	5281	65.2	19.1	15.7	231	137
1942	5126	63.4	20.1	16.5	238	157
1943	5134	58.5	19.8	21.7	186	152
1944	5853	54.0	25.0	21.0	250	154
1945	5222	54.0	23.0	23.0	223	152
1946	5910	56.4	21.2	22.4	181	137
1947	6288	58.3	19.7	22.0	195	145
1948	5521	57.3	23.8	18.9	193	140
1949	5214	56.7	33.2	10.1	215	128
1950	4883	58.2	29.5	12.3	187	123
1951	4985	58.3	34.8	6.9	187	120
1952	4996	58.7	35.6	5.7	184	120
1953	4903	55.36	40.92	3.72	186	127
1954	4935	54.22	42.74	3.04	198	135
1955	4553	57.11	40.06	2.83	185	135

\*Figures not available.

### Maternity Outfits

Sterilised maternity outfits are provided free for all domiciliary confinements. Outfits are distributed by midwives and by Health Area Offices.

### Mother and Baby Homes

Rosemundy Home at St. Agnes is maintained by the Cornwall Social and Moral Welfare Association, subsidised by a grant from the County Council. There is accommodation for 24 girls and their babies. The length of stay in the Home has recently been reduced. Previously a girl remained about six months, but now the period of residence varies according to the need. There is a resident midwife who is relieved by the district nurses. During the year 42 girls were admitted (19 of these were from other authorities) and 32 babies were born. All babies were bottle-fed before leaving the Home. There was one case of puerperal pyrexia notified.

### Puerperal Pyrexia

The Puerperal Pyrexia Regulations which came into operation in 1951 define puerperal pyrexia as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days of childbirth or miscarriage." Under these Regulations 135 cases were notified.

### Ophthalmia Neonatorum

No cases of ophthalmia neonatorum were notified.

The number of cases notified per 1,000 live births in recent years is as follows:—

Year			Total cases	No. per 1,000 live births
1945	...	...	12	2.7
1946	...	...	7	1.4
1947	...	...	7	1.3
1948	...	...	6	1.1
1949	...	...	6	1.2
1950	...	...	2	0.4
1951	...	...	0	—
1952	...	...	5	1.01
1953	...	...	4	0.84
1954	...	...	1	0.21
1955	...	...	0	—

### Maternal Mortality

There were 5 deaths associated with childbirth, but only 2 of these have been included in the Registrar General's figures. The other 3 were associated deaths being due to (1) mitral stenosis, (2) acute salpingitis and peritonitis

and (3) carcinoma of the rectum. The maternal deaths were due to (1) haemorrhage from ruptured ectopic; and (2) ante-partum haemorrhage. All the confinements took place in hospital, 2 being emergency admissions. Two babies were born alive, 2 still-born and 1 undelivered.

The maternal mortality rate for Cornwall is 0.44. The rate last year was 1.01, and the following are the rates for recent years:—

Year	Puerperal Sepsis		Other Causes		Maternal Mortality Rates		
	No. of deaths	Rate	No. of deaths	Rate	Total Maternal Deaths	Cornwall	England & Wales
1940	1	0.22	10	2.18	11	2.40	2.16
1941	6	1.13	17	3.20	23	4.33	2.23
1942	2	0.39	8	1.56	10	1.95	2.01
1943	7	1.36	6	1.17	13	2.53	2.29
1944	6	1.03	14	2.39	20	3.42	1.93
1945	3	0.57	13	2.49	16	3.06	1.79
1946	1	0.17	5	0.85	6	1.02	1.43
1947	2	0.32	14	2.22	16	2.54	1.17
1948	—	0.00	7	1.27	7	1.27	1.02
1949	—	0.00	2	0.38	2	0.38	0.98
1950	—	0.00	8	1.64	8	1.64	0.86
1951	—	0.00	6	1.20	6	1.20	0.79
1952	—	0.00	7	1.40	7	1.40	0.72
1953	1	0.21	3	0.61	4	0.82	0.76
1954	—	0.00	5	0.01	5	1.01	0.58
1955	—	0.00	2	0.44	2	0.44	

As rates are apt to be misleading with such small figures the table below gives the quinquennial rates:—

	Cornwall		England & Wales
1936—1940	...	...	2.94
1941—1945	...	...	2.05
1946—1950	...	...	1.09
1951—1955	...	...	

### Infant Mortality and Still-births

In 1955 there was an increase in the number of babies who died before reaching their first birthday, the number being 118 compared with 100 last year. This gives an infant death rate of 26.68 per 1,000 live births. The rate for England and Wales is 24.9. The following are the infant mortality rates for several years:—



			Cornwall	England and Wales
1898	...	...	156.24	160
1900	...	...	126.19	154
1910	...	...	85.44	105
1920	...	...	59.50	80
1930	...	...	51.27	60
1940	...	...	48.26	55
1941	...	...	52.46	59
1942	...	...	46.09	49
1943	...	...	35.81	49
1944	...	...	40.72	46
1945	...	...	36.67	46
1946	...	...	38.75	43
1947	...	...	34.85	41
1948	...	...	34.54	34
1949	...	...	32.24	32
1950	...	...	30.26	30
1951	...	...	33.48	29.6
1952	...	...	30.53	27.6
1953	...	...	26.75	26.8
1954	...	...	20.92	25.5
1955	...	...	26.68	24.9

Again to give a more accurate comparison with the rate for the country as a whole, the following are the quinquennial rates for recent years:—

			Cornwall	England & Wales
1936—1940	...	...	51.48	55.0
1941—1945	...	...	42.31	49.80
1946—1950	...	...	34.18	36.0
1951—1955	...	...	27.72	26.88

Four of the infants who died were illegitimate, giving a death rate of 19.8 per 1,000 illegitimate live-births, compared with a rate of 27.0 for legitimate babies.

The number of babies dying in the first 4 weeks of life was 93 (60 last year) giving a neo-natal death rate of 21.03 (England and Wales 17.3). Forty of these babies died during their first day, and another 40 died before they were a week old. Again more than half these deaths occurred in premature babies. The high still-birth rate of last year has fallen to 28.8 per 1,000 total births. There were 131 registered still-births, but 2 of these were live-births. The following table shows comparative still-birth rates per 1,000 total births for recent years:—

Year			Cornwall	England & Wales
1940	...	...	36.8	37.2
1945	...	...	34.1	28.0
1950	...	...	25.5	23.0
1951	...	...	23.3	22.9
1952	...	...	23.0	22.7
1953	...	...	24.1	22.5
1954	...	...	31.4	24.0
1955	...	...	28.8	23.1

As many neo-natal deaths result from prematurity, developmental defects and causes acting before or during birth, it is usual to consider deaths during the first week with still-births, the combination being perinatal deaths.

The following table shows the perinatal deaths in Cornwall for the past 6 years:—

Year	Still-births	Infant Deaths First Week	Total	Percentage of Total Births
1950	125	91	216	4.43
1951	116	87	203	4.07
1952	115	92	207	4.14
1953	118	85	203	4.14
1954	157	49	206	4.17
1955	129	80	209	4.59

The percentage of these perinatal deaths is fairly constant, but there was a slight rise in 1955.

Prematurity is frequent in both neo-natal deaths and in still-births.

	Neo-Natal Deaths		Still-births	
	Pre-mature	Full Term	Pre-mature	Full Term
Prematurity only	... 24	—	20	—
Associated with maternal toxæmia	... 4	—	21	11
Difficult labour and birth injury	... 9	13	2	18
Congenital Malformation	... 5	16	9	10
Infection	... 3	2	—	—
Other causes	... 9	8	12	20
Unknown	... —	—	—	6
	<hr/> 54	<hr/> 39	<hr/> 64	<hr/> 65

The following table shows the place of birth:—

Born in		Neo-Natal Deaths		Still-Births	
		Pre-mature	Full Term	Pre-mature	Full Term
Hospital	...	31 (170)	17	41	44
Nursing Home	...	— (9)	—	—	3
Home and died at home	...	15 (110)	15	23	18
Home and transferred to hospital	...	8 (23)	7	—	—
		<hr/> 54 (312) <hr/>	<hr/> 39 <hr/>	<hr/> 64 <hr/>	<hr/> 65 <hr/>

(Figures in brackets give the total number of premature births).

This gives a premature neo-natal death rate of 173 per 1,000 premature births.

The number of babies who died between 1 and 12 months was 25 (41 last year). There are records of 23 of these babies. The causes of death were:—

Respiratory infection	...	...	...	7
Gastro-enteritis	...	...	...	1
Other infections	...	...	...	2
Congenital deformities	...	...	...	6
Accidents	...	...	...	3
Other causes	...	...	...	4

The deaths from respiratory infection are considerably lower this year, but this cause still accounts for more than a quarter of the deaths of children in this age period. Investigations were made into 23 infant deaths, nine of which were certified by the coroner after post mortem, with or without inquest. Three deaths resulted from accident, 2 being due to inhalation of food, and the third to suffocation. Only 3 of these 23 babies had been breast fed for more than 2—3 weeks and most were artificially fed from the first week.

The number of infant deaths for the last 6 years is given below:—

		1950	1951	1952	1953	1954	1955
Neo-natal deaths	...	91	87	92	85	49	80
(under 1 week)							
Neo-natal deaths	...	15	21	14	13	11	13
(1—4 weeks)							
Total neo-natal deaths	...	<hr/> 106 <hr/>	<hr/> 108 <hr/>	<hr/> 106 <hr/>	<hr/> 98 <hr/>	<hr/> 60 <hr/>	<hr/> 93 <hr/>
Infant deaths 1—12 months	...	38	55	43	30	41	25
Total infant deaths	...	<hr/> 114 <hr/>	<hr/> 163 <hr/>	<hr/> 149 <hr/>	<hr/> 128 <hr/>	<hr/> 101 <hr/>	<hr/> 118 <hr/>



### Child Welfare Centres

New centres were opened at Rock and Summercourt. Owing to poor attendances the centre at Heamoor was closed at the end of the year. The new clinic at Bellair, Penzance, provides facilities for the few families who attended Heamoor. There are now 44 centres in the county at which 101 sessions are held each month.

Number of children attending ...	...	4,039	(4,839)
Number of attendances under 1 year	...	14,569	(15,977)
Number of attendances over 1—2 years	...	4,307	(3,950)
Number of attendances over 2—5 years	...	4,310	(4,229)
Total attendances		23,186	(24,156)

(1954 figures in brackets)

At the voluntary clinics held monthly at St. Mawes and Portscatho, ninety-three children made 411 attendances (not included in the above figures).

Centres are held wherever there is sufficient demand, mainly in the towns and larger villages. There is a drop in the total attendances. This is entirely in the babies under one year and is partly due to fewer births in the County. It is interesting to note increased attendances of older children. Many attend for immunisation against diphtheria, and whooping cough. This is part of preventive medicine in which child welfare centres play an important part. Where premises are suitable, health education is carried out. This is not always easy, especially where there is no separate room in which toddlers can play. Treatment is not carried out at centres. The regular supervision of healthy children by doctors and nurses during the period of rapid development is their chief value. Advice and help is given to the mothers, and where treatment is needed children are referred to their private doctors. Centres are staffed by school medical officers and health visitors. The continued assistance and interest of many voluntary workers in weighing babies, clerical and other services is much appreciated and helps in the running of the centres.

### Welfare Foods

The distribution of National Welfare Foods continues to be the responsibility of the County Council, but thanks to the continued goodwill of the W.V.S. and the numerous voluntary distributors, it has been possible to keep the service going without any increase in the number of paid personnel engaged upon it.

Although the demand for all types of food and especially for orange juice increases slightly during the summer season, it is possible to foresee the quantity which will be required, and the number of centres from which urgent requests for more supplies are received is very small indeed.

During the year 1955, 13 small new distribution centres were opened to make it easier for mothers to get the food and only 6 centres were closed where either the demand was insufficient, or the voluntary distributor found it impossible to continue and no successor was found.

The quantity of food distributed since this duty was placed upon the County Council is as follows:—

		1954 (six months)	1955
National Dried Milk	...	99,838 tins	185,578 tins
Cod Liver Oil	...	17,193 bottles	35,414 bottles
Vitamin Tablets	...	4,683 packets	10,708 packets
Orange Juice	...	71,734 bottles	172,086 bottles

### Family Planning Clinic

A third clinic was opened, at Hayle, to relieve the congestion at Falmouth. I am indebted to the clinic secretaries for the following reports:—

#### “Falmouth Clinic

“Forty-five clinic sessions were held during the year. The total number of patients seen was 586 (277 new and 309 “returns”).

Twenty-three patients were seen either free or at a reduced fee.

The total number of post orders dealt with was 640. In addition 145 patients called for supplies.

An analysis of the reasons for patients attending the clinic this year is as follows:—

Medical	...	...	...	...	60
Housing	...	...	...	...	53
Financial	...	...	...	...	36
Spacing	...	...	...	...	133
Sub-fertility	...	...	...	...	4

The medical cases are chiefly sent to us because of tuberculosis, toxæmia of pregnancy, rhesus negative cases, frequent miscarriages, and heart disease. Housing difficulties still account for many cases—in fact there were more cases under this heading than last year—and the same can be said of the financial cases. Of those coming for spacing, 34 patients had families of 4 or over, and there were 2 cases of 10 children and 1 of 8”.

#### “Hayle Clinic

“Three clinic sessions were held, opening in October. The total number of patients seen was 23 (12 new and 11 re-checks). The re-checks are patients transferred from the Falmouth Clinic, but who live in the Penzance and St. Ives districts. One patient has been seen free, in spite of the fact that we receive no grant towards this from the County Council, as we do for the Falmouth branch.

An analysis of the reasons for patients attending this clinic is as follows:—

Medical	...	...	...	...	7
Housing	...	...	...	...	3
Financial	...	...	...	...	1
Spacing	...	...	...	...	12

The medical cases were sent for reasons of tuberculosis, toxæmia of pregnancy and rhesus negative blood. Of those patients coming for other reasons one mother of 33 already had 8 children, while another young mother of only 20 already had 2 children."

#### **"St. Austell Clinic**

"Twenty-one clinic sessions were held and 280 patients seen.

"Of these 123 were new patients, either attending for the first time or coming as transfers from other branches.

Two hundred and one post orders were dealt with. This aspect of the work is particularly helpful to patients living in rural areas. Attendances justified the opening of a third session each month."

All clinics are branches of the Family Planning Association which is assisted by a grant from the County Council.

### **DENTAL SERVICE**

My report for 1954 finished with the following sentence:—

"It is heartening to be able to report that the dental service for mothers and young children has made progress during the year and, provided the staffing position permits, this improvement should be maintained in the new year."

The hope expressed and assessment made in 1954 has been fulfilled during this year and, whilst the staffing improvement has been only slight, the volume of treatment carried out has been substantial.

#### **Staffing**

The approved establishment of dental officers stands at 12 officers inclusive of the Chief Dental Officer. At the 31st December, 1955, there were 10 1/11 officers on the staff, the increase of 6/11 officers having taken place in May when two part time dentists were appointed for 2 and 4 sessions per week, respectively. It will thus be noted that the service is approximately 2 full time officers under strength. As 10/11 of the time of the staff is devoted to inspection and treatment under the school dental service, it will be seen that the equivalent of 0.9 of one officer's time is taken up with the treatment of expectant and nursing mothers and pre-school children. This represents an increase of 50% in the time allocated to the service compared with 1954, and has been brought about by an increased demand for treatment by the priority classes under section 22 of the National Health Service Act.

During the second half of the year, 6 medical anaesthetists were appointed, on a sessional basis, to cover the majority of the clinics in the County. Previously work of this nature was carried out by dental officers

on the staff with special experience in giving anaesthetics. It will be noted from the statistical table that well over twice as many general anaesthetics have been given as in the previous year, and of the administrations to mothers, the large proportion were for cases needing extensive extractions.

### Centres

New clinic premises have been opened at Penzance and St. Ives. The new clinic at St. Ives is in adapted premises and came into operation in July, while the one at Penzance occupies a self contained wing of the health clinic. These new premises, in place of rooms at the Health Area Office, were brought into use at the end of December. The new building is a most attractive addition to the other modern clinic facilities available to the priority classes in Cornwall.

Facilities for radiographic examination were further improved this year, with the provision of a portable X-ray apparatus based upon the Saltash clinic, and serving also the Torpoint and Callington surgeries.

### Dental Laboratory

The dental laboratory continued to provide all prostheses for the service. The output for these patients, which represented 40% of the total production, showed an expected rise with the expansion of the service.

Reference to the statistical table shows the extent and direction of the advance achieved, with increases of 50% and 66% over the previous year, in the number of mothers and pre-school children treated respectively. The number of attendances made for treatment by mothers amounted to 1,331 visits compared with 854 in 1954, and the corresponding figure for pre-school children was 889 compared with 559. The volume of treatment carried out for these patients, in relation to 1954, showed an overall average increase well in excess of 50%.

### Dental Care of Expectant and Nursing Mothers and Children Under School Age

(1) (a) No. of Officers employed at end of year on a salary basis in terms of whole-time officer to the M. & C. W. Service:—		
(1) Senior Dental Officer	0.1	
(2) Dental Officers ...	0.7	
(b) No. of Officers employed at end of year on a sessional basis in terms of whole-time officers to the M. & C. W. Service	0.1	
(c) No. of Dental Clinics in operation at end of year ...	22	
(d) Total No. of sessions (i.e. equivalent complete half days) devoted to M. & C. W. patients during the year ...	342½	



(e) No. of Dental technicians employed in the Local Health Authority's own laboratories at the end of the year:—

Technician	...	1
Apprentices	...	2

## (2) Dental Treatment

### A. Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	337	337	329	214
Children under five	632	592	590	484

### B. Forms of Dental Treatment Provided

	Scalings & Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided Full Upper or Lower	Partial Upper or Lower	Radio-Graphs
Expectant & Nursing Mothers	114	398	—	3	1314	96	86	91	16
Children under 5	—	542	694	—	397	92	—	—	1

## THE NURSING SERVICE

### REPORT OF THE COUNTY NURSING OFFICER

It is most disappointing not to be able to report a further increase in staff which is the same as at the end of 1954. With the ever increasing demand on the services, it is a great strain on the existing staff to take on extra duties when their numbers are depleted. During the year there have been times when we have been most grateful for the generous help of some of our married nurses retired from the service; without them and other temporary staff it would have been difficult to maintain the standard of service. It will be noted from the figures given below that a male nurse has been appointed to the staff. His services have proved most valuable in the urban area where he works. It is hoped that further appointments will be considered in areas where the population justifies it.

It is very pleasing to report a further fall in the sickness rate, the total amount of sick leave being 1,325 days, an average of 7.2 days per person.

**Staff Employed by the County Council at 31st December, 1955:—****Administrative Staff**

County Nursing Officer	...	...	...	...	...	1
Deputy County Nursing Officer	....	...	...	...	...	1
Assistant County Nursing Officers	...	...	...	...	...	7

**District Nurse-Midwives/Health Visitors**

"Queen's" Nursing Sisters, S.R.N., S.C.M., Health Visitor's Certificate	...	...	...	...	...	46
State Registered Nurses, S.C.M., Health Visitor's Certificate	...	...	...	...	...	6
"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	...	...	14
State Registered Nurses, S.C.M.	...	...	...	...	...	9
State Certified Midwives, S.E.A.N.	...	...	...	...	...	22

**District Nurse-Midwives**

"Queen's" Nursing Sisters, S.R.N., S.C.M.	...	...	...	...	19
State Registered Nurses, S.C.M.	...	...	...	...	10
State Certified Midwives, S.E.A.N.	...	...	...	...	9

**District Nurses**

"Queen's" Male Nurse	...	...	...	...	...	1
State Registered Nurses	...	...	...	...	...	2

**Whole-time Health Visitors**

State Registered Nurses, S.C.M.	}	Health	9
"Queen's" Nursing Sisters, S.C.M.		Visitor's	20
State Registered Nurses		Certificate	2

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178

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**Transport**

Of the 178 members of the staff, 114 were provided with cars by the Authority, and 62 used their own.

**Housing**

During the year 3 more houses were acquired, making a total of 56 under the control of the County Nursing Association, accommodating 79 members of the staff. Of these, 32 are rented from Local Housing Authorities, 8 are rented privately, and the remaining 16 are owned by the County Council or District Nursing Associations. Thirty-two houses are furnished by the County Nursing Association, 21 are furnished by nurses and the other 3 are furnished by owners.

In April 1955 the charges for accommodation provided by Local Authorities were increased according to a decision of the Nurses and Midwives Functional Council (Whitley). The charge for unfurnished accommodation has been raised from £26 per annum to a maximum of £52 per annum, and the charge for furnished accommodation from £52 per annum to a maximum of £90. This is the first increase since 1943.

### Midwifery (Section 23)

Throughout the county domiciliary midwifery is combined with district nursing, and, except in the larger towns, with health visiting also.

### Refresher Courses

During the year 12 midwives and 2 supervisors attended refresher courses. By a ruling of the Central Midwives Board these courses are to become compulsory after the 31st December, 1957, for all midwives who notify their intention to practise. Each midwife is to attend such a course every 5 years.

### Supervision

The Senior Assistant County Medical Officer (Maternity and Child Welfare) is the Medical Supervisor of Midwives, and the County Nursing Officer, her Deputy and 7 Assistants are the non-medical supervisors. All domiciliary midwives are visited by supervisors at least quarterly, and in addition as frequently as may be necessary.

Regular visits by supervisors	...	...	526
Other visits by supervisors	...	...	458
Special visits of enquiry	...	...	270

During the year 227 midwives notified their intention to practise in the County.

Domiciliary Cornwall County Council	...	161
Domiciliary in private practice	...	16
Institutions:—		
Hospital	...	44
Nursing Homes	...	6

### Deliveries attended by domiciliary midwives:—

	As Midwives	As Maternity Nurses	Total
Cornwall County Council Midwives	2,001	405	2,406
Independent Midwives	4	11	15
	<hr/> 2,005	<hr/> 416	<hr/> 2,421

### Deliveries in Institutions:—

In Hospitals	...	1,730
In Nursing Homes	...	88
		<hr/> ...1,818

**Visits paid by County Council Midwives:—**

Ante-natal visits	...	...	27,265
Midwifery and maternity visits	...	...	50,718

**Medical Aid forms sent in respect of:—**

Mother during ante-natal period	...	...	153
Mother during labour	...	...	553
Mother during puerperium	...	...	100
Infants	...	...	152

**Other statutory notifications were received as follows:—**

Stillbirths	...	...	128
Deaths of Mothers	...	...	5
Infant deaths	...	...	116
Artificial feeding	...	...	459
Liability to be a source of infection	...	...	70

**Gas and Air Analgesia in domiciliary midwifery**

	County Council Midwives	Independent Midwives
Number of Midwives qualified to administer		
Gas and Air	134	3
Number of sets of apparatus	124	2
Number of cases—doctor present	335	3
Number of cases—doctor not present	1,589	38
Number of cases in which Pethidine was administered by Midwife:		
Doctor present	224	7
Doctor not present	869	20

**Health Visiting (Section 24)**

During the year 9 candidates were accepted for the health visitor's training course, and the number of qualified health visitors doing generalised duties increased by 10. There were 122 part-time health visitors (including 45 acting by virtue of a dispensation) the equivalent of 49 whole-time health visitors. In accordance with the recommendation of the Whitley Council 12 health visitors attended refresher courses.

The following figures show the work done by the health visitors excluding visits to tuberculosis cases which are referred to elsewhere.

First visits to children under 1 year	...	4,201
Total number of children under 5 visited	...	19,825
Total visits to children under 1 year	...	50,111
Total visits to children 1—2 years	...	23,413
Total visits to children 2—5 years	...	42,958
Child Welfare Centres attended	...	2,294
Immunisation Clinics attended	...	183
Child Life Protection visits	...	39
First visits to expectant mothers	...	785



Total visits to expectant mothers	...	...	1,964
Other cases visited	...	...	18,118
Total number of households visited	...	...	16,762
Lectures and talks given	...	...	792
Demonstrations	...	...	418
Attendances at Minor Ailment Clinics	...	...	531
Attendances at School Medical Inspections	...	...	1,115
Attendances at Hygiene Inspections	...	...	2,732
Re-inspections and follow-up visits	...	...	3,797

#### Liaison with Other Workers

The co-operation between the health visitor and the general practitioner is improving, but there are still one or two areas where it could be better, and in time there is no doubt that difficulties which exist will be overcome.

During the year the staff have continued their visits to the Royal Cornwall Infirmary and the Geriatric Unit. Arrangements were also made for the staff in East Cornwall to visit the Geriatric Unit in Plymouth, where Dr. Forbes gave a series of most interesting lectures concerned with his work. There is also excellent co-operation with the paediatrician in the eastern end of the County, and a two-way system of exchange of information on premature infants is firmly established. It is hoped that similar arrangements which have been started in the West of Cornwall will be as successful.

#### Home Nursing (Section 25)

Home Nursing is undertaken by 138 district nurse-midwives. During the year 5 Nurses completed their "Queens" District Training.

There are now 79 "Queen's" Nursing Sisters working in the County and 1 male "Queen's" Nurse. Seven nurses attended refresher courses on home nursing.

#### Work done by district nurses:—

##### No. of new patients:—

Surgical cases	...	...	...	2,557
Medical cases	...	...	...	8,993
Maternal complications	...	...	...	289
Infectious diseases (excluding T.B.)	...	...	...	144
Tuberculosis	...	...	...	244

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12,227

##### Visits Paid:—

Surgical	...	...	...	41,874
Medical	...	...	...	144,126
Maternal Complications	...	...	...	2,789
Infectious diseases (excluding T.B.)	...	...	...	668
Tuberculosis	...	...	...	10,090

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199,547

Injectons included in above ... 64,885.

These visits include 113,775 visits to 4,677 patients who were over 65 years of age, and 4,376 visits to 802 children under 5 years. 1,772 people received over 24 visits during the year—a total of 112,116 visits.

There are no special arrangements for nursing sick children at home, but any needing domiciliary nursing care are attended by the district nurses as part of their routine duties.

It will be noted from the above figures that injections are given in about one third of the total visits.

### **NURSERIES AND CHILD MINDERS REGULATION ACT 1948**

This Act provides for the registration and inspection of private day nurseries where children are cared for by the day or for a period not exceeding 6 days, and also for persons who for reward receive into their homes children under the age of 5, to be cared for by the day or for a period not exceeding 6 days.

Two nurseries were registered under this Act with provision for 24 children.

There are no day nurseries provided by the County Council.

### **HEALTH OF CHILDREN — PREVENTION OF BREAK-UP OF FAMILIES**

Scattered throughout the County are several families with their own social problems, who find difficulty in fitting in to the normal life of a community. Not only is it an important part of the local health authority's duty to prevent physical and mental ill-health, but there are also strong financial reasons having regard to the high cost of curative measures and particularly of hospital treatment and of the institutional and residential accommodation which local authorities provide under their various statutory powers.

Family difficulties frequently originate in the illness or infirmity, often of a temporary character, of a parent or guardian. In such cases and particularly when the mother is ill, the local health authority may be able to assist the family in such a way that the children can continue to live at home, e.g. by the provision of domestic help.

Children in the "problem families", where one or both parents are often handicapped by physical ill-health or are of low intelligence or suffering from mental instability, are peculiarly exposed to physical neglect and risk of mental illness such as psychological disturbance and retarded mental development. Problem families thus tend to reproduce themselves in the next generation, and cost the community an expense out of all proportion to their numbers.

The health visitor whose work now extends to cover the whole field of prevention of ill-health, including prevention of mental ill-health, is by reason of her close contact with families with young children particularly well placed to recognise the early signs of failure in the family, which may lead to the disruption of normal home life with consequent risk to the mental health of the children. Often she can, from her own training and experience, offer advice which will enable the family to overcome these difficulties; at other times she may need to call in other officers of the local authority, e.g. the mental health worker or home help. There are also many voluntary organisations with workers accustomed to dealing with matters of family welfare or with problem families, whose co-operation may be sought.

In order that the health visitor may use her influence at the most propitious time it is essential that she should receive information from other health or welfare workers of any signs of family difficulty or deterioration. Such information may come, for instance, from the family doctor or the home nurse or hospital or school, and local authorities should make such arrangements as seem to them desirable for the information to be given to the health visitor.

In accordance with the recommendations of the Minister of Health, the County Council has taken steps in dealing with these problems. Co-ordination Committees have been set up in each of the 7 health areas to enable officers of statutory and voluntary organisations to meet and have a knowledge of each other's work. "Problem families" are discussed individually and decisions are made as to the most effective way of dealing with each problem. Health visitors work on a selective basis so that they can give more supervisory visits to these difficult families. In some cases a selected home help is sent into the house to assist and train the mother in household duties. Certain household and cleaning equipment, furniture and clothing have been provided by the Women's Voluntary Service or Welfare Officer.

The health visitor, home help organiser, and home help, work as a team in assisting the mother to upgrade her home. Due to their perseverance and supervision there have been a number of successes. In some instances the male home help has been most successful. Unfortunately, these families need constant supervision, as they tend to relapse if they have no encouragement.

Towards the end of the year a mother, who had recently served a prison sentence for child neglect, was sent to the Mayflower Home in Plymouth for re-habilitation. She made good progress during her 4 months there, which so far has been maintained. Since then another mother and 2 of her children have been sent to the Mayflower Home. This is a family which was verging on a break-up. At the time of writing the approved proposals have been amended to make provision for similar action in the future.

## NURSING HOMES

Under the Public Health Act, 1936, Nursing Homes are registered by the County Council. Regular supervisory visits are paid as well as extra visits, often at the request of the owners who want help and advice. During the year 58 visits were paid to Nursing Homes.

During the year 2 Homes were closed by the owners, and at the end of the year, 9 Nursing Homes were registered with accommodation for 17 maternity and 38 other patients. No new Homes were registered.

## DISABLED AND OLD PERSONS' HOMES

Disabled and Old Persons' Homes are registered and administered under the National Assistance Act, 1948, and provide accommodation for aged or other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity.

At the end of the year 25 Homes for old persons were registered by the County Council with accommodation for 333 old people. Three Homes were closed by the owners and 7 new Homes were registered.

There is also a Home for the Blind with accommodation for 29 blind persons.

During the year 98 visits were paid to these Homes, many being at the request of the owners.

## AMBULANCE SERVICE

### REPORT OF THE COUNTY AMBULANCE OFFICER

Statistics reveal that the number of patients carried has again increased, but the number of miles travelled by the ambulances has decreased. This is due to three factors—(i) the excellent work done by the Control Room staffs, (ii) the assistance given by the hospital transport officers in co-ordinating the appointment times, and (iii) the use of radio control.

Demands for transport are enormously increased in the summer owing to the influx of visitors, and this adds considerably to the cost of the Service. Moreover, the geographical situation of the County precludes the use of other Authorities' vehicles for the conveyance of patients going home from hospitals, as no other Authority's vehicles pass through this area.

### Maintenance and Servicing

After one year's working of the new servicing arrangements, whereby the maintenance and servicing of the Ambulance Service was combined with that of the Nurses' cars, the cost has been reduced.



### Vehicle Strength and Replacement

The County Ambulance Officer and the Mechanical Supervisor, after making a complete survey of the ambulance fleet, decided to recommend the replacement of nine utilecon ambulances, and one large stretcher ambulance, these vehicles all having run over 100,000 miles in the case of the utilecons and 150,000 miles in the case of the large stretcher ambulance. It has been decided to replace the utilecons with light Morris J.type cars, and to try a diesel type car to replace the large ambulance.

### Reciprocal Arrangements—Plymouth and South Devon

The arrangements reported in my last year's report have continued to work well, and we enjoy the most cordial relations with the Devon County and Plymouth Borough Ambulance Services, Officers and Staff.

### Ambulance Stations

The new ambulance station at Penzance was opened in January, and has been admired by many ambulance staffs on holiday from other counties. A new station is under construction at Torpoint and will shortly be completed.

### Long Distance Transport

	1954	1955
No. of Patients carried by Ambulances and Utilecons	290	205
No. of Patients carried by rail (omitting patients for whom the County Council did not pay fares) ...	134	162

### Voluntary Manning

During the year the voluntary personnel at County Centres transported 3,813 patients and travelled 102,875 miles. Thanks are due to the keenness of the St. John Ambulance Brigade and the British Red Cross Society.

### Service Statistics

During the year 1955 the Service transported 139,038 patients and travelled 1,444,323½ miles. During 1954 the total number of patients carried was 138,446 and 1,444,715 miles were travelled. The 1955 figures show an increase of 592 patients and a decrease of 391½ miles.

		1954	1955
<b>Ambulance Service</b>			
No. of patients carried	...	38,499	36,850
No. of miles travelled	...	550,493	516,314
<b>Utilecon Service</b>			
No. of patients carried	...	84,717	82,180
No. of miles travelled	...	666,453	654,568
<b>Hospital Car Service</b>			
No. of patients carried	...	15,230	20,008
No. of miles travelled	...	227,769	273,441½

### Hospital Car Service

The Hospital Car Service continues to function as an integral part of the Ambulance transport service arrangements of the County, and we are deeply indebted to the organisers and drivers of this most valuable Service.

An arrangement whereby cars can be ordered direct by contacting the drivers, instead of having to pass all requests to the Area Transport Officers, has proved to be a great saving of time, and enables this service to be used at short notice.

### Radio Call-Out

The radio control arrangements in the western part of the County worked successfully throughout the year, and were extended to cover Penzance, Falmouth and Newquay. It is hoped that they will be extended during 1956 to cover the eastern part of the County.

### Civil Defence

The Peace Establishment Figures for the Ambulance and Casualty Collecting Section has been stepped up to 321 and the total number of enrolled volunteers is 235.

The Operational Plan for the County, whereby the existing ambulance service is to be expanded, has been drawn up and will be examined periodically in the light of increasing knowledge as it becomes available regarding future types of warfare. Training has progressed steadily during the year. The Civil Defence Ambulance Officer attended a qualifying course at the Home Office Civil Defence School at Falfield and obtained a Qualifying Certificate, since which time the new syllabus of training has been taught.

### Ambulance Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	257	651	5,554	6,462	3,632	55,976
Redruth	273	902	7,504	8,679	4,364	81,335
Truro	250	476	7,281	8,007	6,447	97,188
St. Austell	365	752	3,394	4,511	2,596	80,084
Wadebridge	162	309	1,354	1,825	1,110	54,424
Launceston	149	502	1,901	2,552	1,205	71,353
Liskeard	228	597	3,989	4,814	2,398	75,990
	<u>1,684</u>	<u>4,189</u>	<u>30,977</u>	<u>36,850</u>	<u>21,752</u>	<u>516,314</u>

### Utilecon Service

Area	Number of Patients Carried				No. of Journeys	Mileage
	Accidents	Emergency	Others	Total		
Penzance	7	5	9,144	9,156	3,196	58,941
Redruth	10	—	17,427	17,437	5,525	125,865
Truro	14	10	16,702	16,726	7,550	126,385
St. Austell	20	11	11,283	11,314	2,351	84,930
Wadebridge	1	10	6,587	6,598	1,334	78,424
Launceston	2	11	9,356	9,369	1,326	96,361
Liskeard	4	4	11,572	11,580	1,515	83,662
	<u>58</u>	<u>51</u>	<u>82,071</u>	<u>82,180</u>	<u>22,797</u>	<u>654,568</u>

**Hospital Car Service**

Area	Total Patients	Number of Journeys	Mileage
Penzance ...	901	204	7,189
Redruth ...	1,105	436	13,972
Truro ...	1,874	717	22,785
St. Austell ...	7,559	2,277	81,011½
Wadebridge ...	1,356	554	23,990
Launceston ...	2,401	848	46,879
Liskeard ...	4,812	1,707	77,615
	<hr/> 20,008 <hr/>	<hr/> 6,743 <hr/>	<hr/> 273,441½ <hr/>

The total number of accident and emergency cases dealt with by the Service during the year was 5,982, making an average of one accident or emergency call every 87.6 minutes.

In connection with Ministry of Health Circular No. 7/54, dealing with the rising cost of the Ambulance Service, an advisory survey was carried out by Ministry of Health officers during May. The report which followed was helpful and interesting.

## EPIDEMIOLOGY AND PREVENTIVE MEDICINE

A survey of the work of this Department is given below and in Table III at the end of the Report, will be found the number of infectious diseases notified in each County District in the County during the year. In Table IV is given the total number of cases notified in recent years.

The services for the Prevention of Tuberculosis, run in conjunction with the staff of the West Cornwall Hospital Management Committee, continue to work smoothly.

It is gratifying to find that more than 90% of the parents consent to their children being given protective vaccination against tuberculosis, in their 14th year.

An interesting histogram, depicting the variation in notifications and deaths from pulmonary tuberculosis, over the last 10 years, will be found on page 40. Figures given on page 46 show that the West is still the most heavily infected part of the County.

# CORNWALL

## TUBERCULOSIS

NOTIFICATIONS AND DEATHS - 1946 -

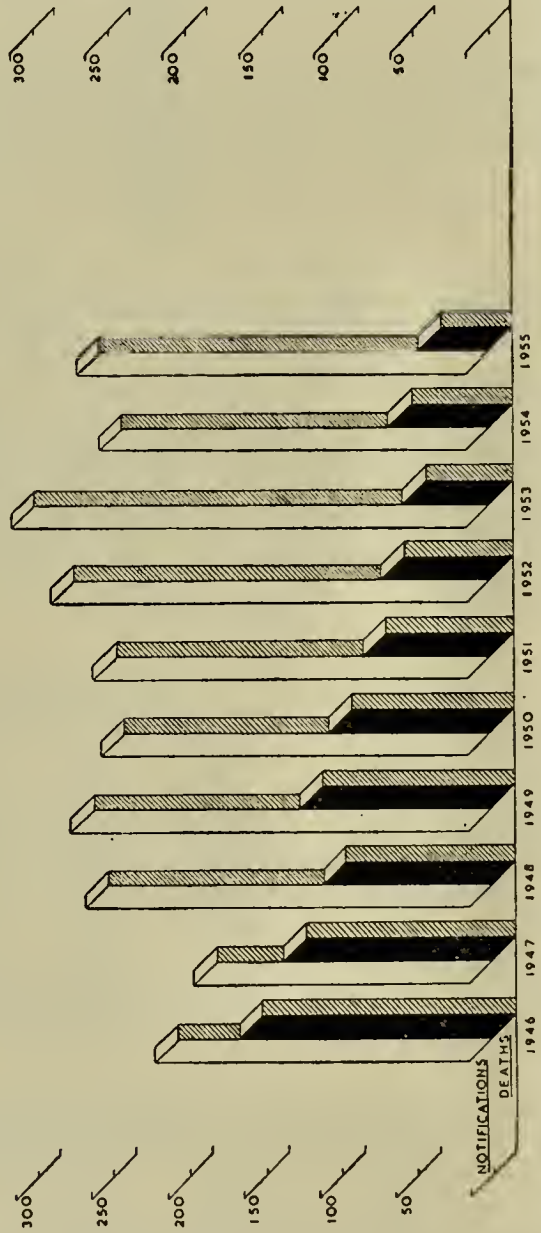


Figure 1.



I have continued to act on behalf of the Regional Hospital Board, as Medical Superintendent of the County Isolation Hospital, Truro, for the purpose of correlating and expediting admissions. Clinical duties at the hospital are shared between my Deputy and a Consultant of the Regional Hospital Board, and in this way I am kept in the closest touch with the prevalence and severity of infectious diseases in the County.

### Diphtheria

For the second successive year, there has been no outbreak of diphtheria in the County. One notification is shown in Table IV, and this refers to an adult female who developed a palatal paralysis some weeks after an illness originally thought to have been quinsy.

The death attributed to diphtheria in Table V was also in an adult female, who died of myocardial degeneration due to an attack of diphtheria some years previously.

A table of the incidence and mortality of diphtheria in Cornwall, over the past 15 years, is given below.

	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Incidence	523	389	225	164	206	155	46	27	3	16	10	11	8	—	1
Deaths	42	24	12	8	6	10	5	—	1	1	1	3	—	—	1

This satisfactory position can only continue if the immunity index of child population is maintained at approximately 70%. The help of members of the County and County District Health Committees, in keeping this need constantly before the public, will be appreciated.

The following table shows the immunisation state of the child population at the end of 1955.

Number of children at 31st December, 1955, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1941).

i.e. Born in Year	1955 Under 1	1954—1951 1—4	1950—1946 5—9	1945—1941 10—14	Total Under 15
Last complete course of injections (whether primary or booster)					
A. 1951—1955	496	12,201	18,331	12,343	43,371
B. 1950 or earlier	—	—	2,650	1,862	4,512
C. Estimated mid-year child population	4,500	18,940	48,720		72,160
Immunity Index (100 A/C)	11.8 (11.8)	64.5 (65.3)	62.96 (65.6)		60.1 (61.9)

Figures for 1955 in brackets.

## **Dysentery and Food Poisoning**

Notifications of dysentery numbered 21 as compared with 102 in 1954, but notifications of food poisoning rose to 63, which was the highest number of cases notified since 1952.

## **Enteric Fever**

No cases of typhoid occurred during the year, and the single case of paratyphoid reported was in a visitor to the County. The disease was prevalent in the area from which the visitor came, and was almost certainly contracted in that area.

## **Measles**

A moderately severe outbreak in the spring of the year, resulted in only approximately one-third of the notifications of 1951 and 1953, the two previous measles years.

## **Meningococcal Infections**

Notifications were somewhat higher than in 1954; indeed, the figure of 11 cases is higher than we have had for the past ten years. Other than the general hygiene of our houses and schools, there are no preventive measures for the disease and in consequence, we should always be prepared for an epidemic. A high proportion of this year's notifications (one-third) comes from the Stratton area.

Fortunately, the modern antibiotics have greatly improved the prognosis in meningitis.

## **Poliomyelitis**

In all, 35 cases of A.P.M. were notified during the year, a higher number than in the two previous years, yet small in comparison with the epidemic year of 1949/50.

Of the 35 cases in 1955, six were imported, and of the 29 cases contracted within the County, eight were non-paralytic. (Indeed, there is some doubt of the diagnosis of 5 of these non-paralytic cases which occurred in a family at Boscastle, as none of them were admitted to Hospital and, in consequence, no confirmatory evidence is available).

The summer of 1955 was hot. There is a definite association between hot weather and a high incidence of poliomyelitis, but this year deviated from this. A prolonged drought accompanied the heat, the rainfall in July and August being only 1.42 inches (average over past 15 years 7.02 inches).

The drought had a marked effect on insect life; indeed, flies did not become a pest until the rains came in the second half of September. It is noteworthy that only three cases of A.P.M. occurred in July and August, and twelve after the 8th of September.

I have before remarked that poliomyelitis tends to remain confined to one area, cropping up in subsequent years in the same locality. This point is well illustrated by the distribution of cases during 1954—55, as shown in the table below.

Year	POLIOMYELITIS							
	Total Indigenous Cases	Saltash Torpoint	Camel- ford	Launces- ton	Communities Affected St. Austell	Truro	St. Agnes	Falmouth
1954	10	3	2	1	1	1	1	1
1955	29	3	7	1	6	2	—	4

Of the remaining 6 indigenous cases in 1955, two were at Liskeard and 4 at Bude. Poliomyelitis has been endemic in the latter town for some years, and it so happens that the general low incidence of the disease in 1954 was also reflected here, but this state of affairs was clearly only temporary.

#### Acute Rheumatism

As noted in the Report last year, the incidence of Acute Rheumatism among children is declining rapidly. In 1950, no cases were notified, nor did inquiries from the school doctors or large hospitals bring any missed cases to light. Too much significance cannot be placed on this welcome finding, as the disease has again appeared in the early weeks of 1956.

#### Tuberculosis

The following table shows the new notifications of tuberculosis in Cornwall during 1946—1955:—

##### New Notifications of Tuberculosis

Year	RESPIRATORY			NON-RESPIRATORY			ALL FORMS		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1946	122	76	198	10	16	26	132	92	224
1947	110	72	182	15	13	28	125	85	210
1948	145	107	252	17	18	35	162	125	287
1949	141	121	262	27	20	47	168	141	309
1950	143	99	242	22	7	29	165	106	271
1951	139	108	247	25	34	59	164	142	306
1952	165	110	275	20	33	53	185	143	328
1953	160	141	301	35	32	67	195	173	368
1954	141	101	242	18	23	41	159	124	283
1955	155	103	258	15	13	28	170	116	286

An analysis, over the past 2 years, of the methods by which new cases were discovered in the West Cornwall Clinical area, shows the following:—

	1954	1955
	179	197
General Practitioners ...	84	95
Contacts ...	58	24
Miniature Mass Radiography	12	37
*Others ...	45	41

\* This includes cases seen in hospitals and hospital staffs.

### Deaths

The following table shows the deaths from respiratory and non-respiratory tuberculosis in recent years, together with death rates for Cornwall and England & Wales. The past ten years have shown the deaths reduced by two-thirds, but during the same span the notifications have tended to increase. (See Fig 1).

Year	CORNWALL Number of Deaths			CORNWALL Death Rates			ENGLAND & WALES Death Rates		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1936	159	45	204	0.51	0.14	0.65	0.56	0.11	0.67
1937	168	28	196	0.55	0.09	0.64	0.56	0.11	0.67
1938	150	44	194	0.49	0.14	0.63	0.52	0.10	0.62
1939	147	33	180	0.48	0.10	0.58	0.52	0.10	0.62
1940	169	41	210	0.51	0.12	0.63	0.56	0.11	0.67
1941	156	44	200	0.42	0.12	0.54	0.57	0.13	0.70
1942	142	35	177	0.41	0.10	0.51	0.50	0.11	0.61
1943	155	46	201	0.47	0.14	0.61	0.51	0.10	0.61
1944	132	29	161	0.41	0.09	0.50	0.47	0.10	0.57
1945	136	42	178	0.43	0.13	0.56	0.47	0.09	0.56
1946	132	39	171	0.41	0.12	0.53	0.45	0.08	0.53
1947	138	28	166	0.43	0.09	0.52	0.46	0.08	0.54
1948	112	32	144	0.34	0.10	0.44	0.44	0.07	0.51
1949	127	23	150	0.38	0.07	0.45	0.40	0.05	0.45
1950	108	18	126	0.32	0.05	0.37	0.32	0.04	0.36
1951	85	16	101	0.25	0.05	0.30	0.27	0.04	0.31
1952	77	9	86	0.23	0.03	0.25	0.21	0.03	0.24
1953	58	13	71	0.17	0.04	0.21	0.18	0.02	0.20
1954	66	7	73	0.19	0.02	0.21	0.16	0.02	0.18
1955	48	7	55	0.14	0.02	0.16			

### Preventive Measures—School Children

Mass Radiography, Mantoux Testing and B.C.G. Vaccination continue to be well accepted by the community. Figures for the past 3 years are shown below:—



Year	Area Concerned	Tuberculin Tested	Percentage Positive	B.C.G. Vaccinated	Percentage Accepting B.C.G.
1952	St. Just & Penryn	212	44		
1953	West Cornwall	2,075	39	1,243	81%
1954	Cornwall	2,597	20	2,005	84%
1955	Cornwall	3,197	17	2,518	92%

### REPORT OF SENIOR CHEST PHYSICIAN

"The examination of contacts, one of the most valuable sources of discovery of new cases, has always been rather more comprehensive in West Cornwall (6—7 contacts per case notified), than many other areas, and I think that this has resulted in a larger proportion of early (R.A.) cases in recent years: In 1953 the notifications as regards the ratio positive to negative (sputum) was 124:100; in 1954 the ratio was 107:102; in 1955 it was 80:126. Protection of contacts by B.C.G. vaccination has been increasingly satisfactory. In 1953 1,156 contacts (new) were examined, 19 new cases discovered, and 66 B.C.G. vaccinations done. In 1954, 1,250 new contact cases were examined, 22 new cases diagnosed, and 996 cases B.C.G. vaccinated. In 1955, 1,437 new contacts were examined, 22 new cases discovered, and 1,134 patients B.C.G. vaccinated.

There has been a satisfactory reduction in the waiting list for Tehidy in the past 3 years. In 1952 the total figure was about 54 cases; in 1953 it was about 40; in 1954 it was 35.5; and in 1955 33.5, (this would doubtless have been much more reduced but for the fact that we closed 40 beds, owing to shortage of staff in that year). In part, the reduction is due to the introduction of antibiotic therapy. This has meant that a larger proportion of cases can continue having treatment at home, possibly coming into hospital only for observation and assessment, and subsequently continuing treatment at home again. On the surgical side there has been, of course, a considerable tendency to deal with cases by resection, rather than by collapse therapy (either medical or surgical): a fair proportion of cases deemed unstable are now dealt with surgically as a "protective" measure, with a view to lessening the danger of relapse, after discharge from hospital. At the moment we are probably adequately suited with the number of beds available for primary cases.

With the assistance of Dr. Sheers, I have made a survey of men in some dusty occupations in the China Clay industry (to be published shortly). It seems clear that a few of the men exposed to dust in certain of the processes (probably a very small proportion of the whole labour force), have developed a pneumoconiosis, peculiar to this China Clay dust, and capable of causing disability. This is in accord with the findings of two other workers, one in the United States and one in France."



### Contact Clinics

The nursing staff in these clinics are Tuberculosis Health Visitors. The arrangement continues to run smoothly, and a summary of the work carried out is given in the table below:—

Year	New Cases	Total Contacts Examined	New Cases Found	B.C.G. Given
1953	308	1,386	86	75
1954	237	1,468	88	998
1955	196	1,630	93	1,134

### Mass Radiography

The introduction of another Mass Radiography Unit in the South West Region, has enabled Dr. Sheers to allocate additional time to Cornwall. In addition to work on school leavers, surveys of the General Public were carried out at Liskeard, Bude, Truro, Penzance, Fowey, Newquay, and at several centres in the clay country.

### General Observations on Epidemiology

It may be remembered that some six years ago, maps were prepared showing the prevalence of tuberculosis in different parts of the County, as estimated by notifications and death rates.

At that time, certain areas showed an exceptionally high prevalence, notably the whole of the No. 1 Health Area, particularly St. Just; Camborne-Redruth Urban District, Penryn and Truro.

During the intervening years, much preventive work has been undertaken in these areas.

The years have seen, also, the introduction of chemo-therapy in the treatment of tuberculosis, and the results have been so good that the number of deaths is no longer enough to give a satisfactory picture of distribution.

Unfortunately, the same cannot be said of notifications, the number of which has varied little. An analysis of notifications, by Health Areas, shows the following:—

#### TUBERCULOSIS — 1952/1955

	I	II	III	IV	V	VI	VII
Average Annual Notifications per 100,000 population	1.01	1.04	1.02	0.83	0.56	0.85	0.90

It will be seen that the prevalence remains highest in the western part of the County, although the discrepancy between areas is nothing like so marked as it was six years ago. An additional check on the distribution of the disease is now available, namely the proportion of school children in their 14th year, who show a positive Mantoux Test (i.e. have been in contact with tuberculosis). Here again, the percentage showing a positive reaction is far higher in the western end of the County than the eastern.

#### TUBERCULOSIS—1955

	I	II	III	IV	V	VI	VII
Percentage of children showing a positive Tuberculin reaction in their 14th year	20.6	21.6	18.5	11.4	12.9	11.9	12.0

From this, it is evident that the larger part of the time of the Mass Radiography Unit must still be devoted to the west of the County.

#### Diabetes Mellitus

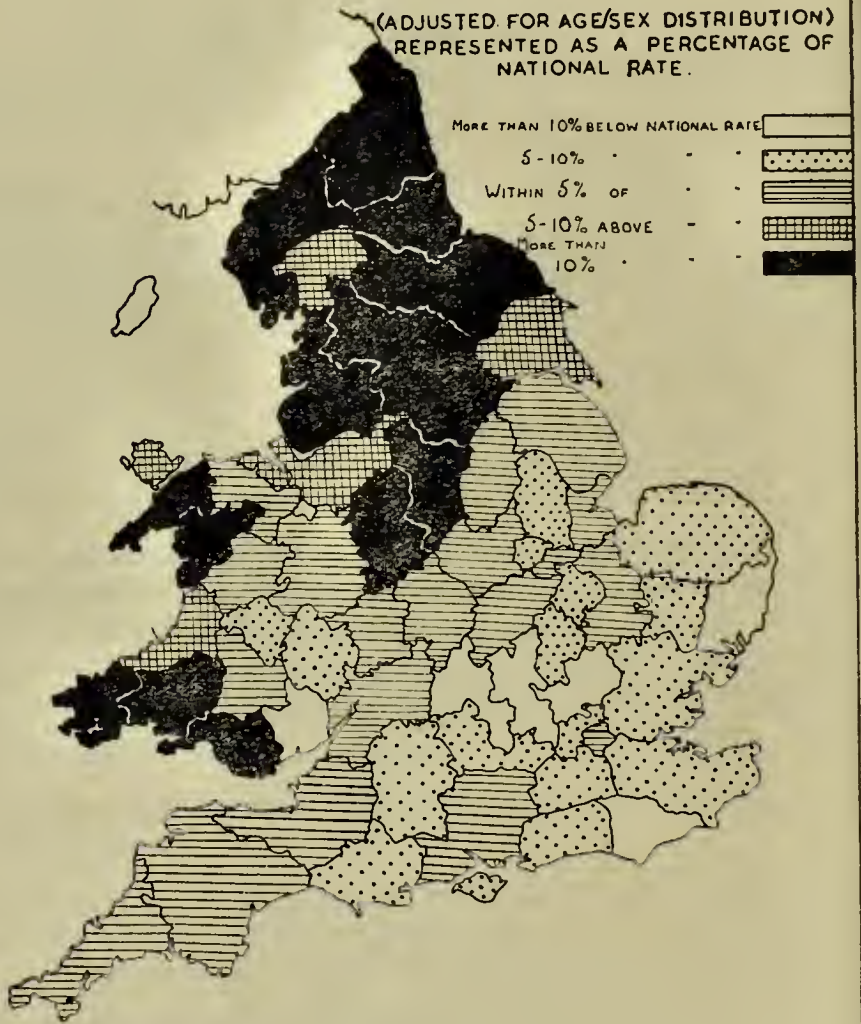
The following is an abstract of work carried out in conjunction with Dr. C. T. Andrews, on the prevalence of diabetes in Cornwall. I am grateful to Dr. Andrews for permission to publish a note on this work in my Report.

Mortality rates are recognised to be incomplete, in that many diabetics die of other causes, e.g. accidents, pneumonia, etc. When coding the cause of death, therefore, the Registrar General will allocate diabetes as the primary cause in only a proportion of cases of diabetes, but it is fair to assume that this proportion will be constant throughout England and Wales.

ENGLAND AND WALES

# AVERAGE MORTALITY RATES (ALL CAUSES) 1948-1952

(ADJUSTED FOR AGE/SEX DISTRIBUTION)  
REPRESENTED AS A PERCENTAGE OF  
NATIONAL RATE.



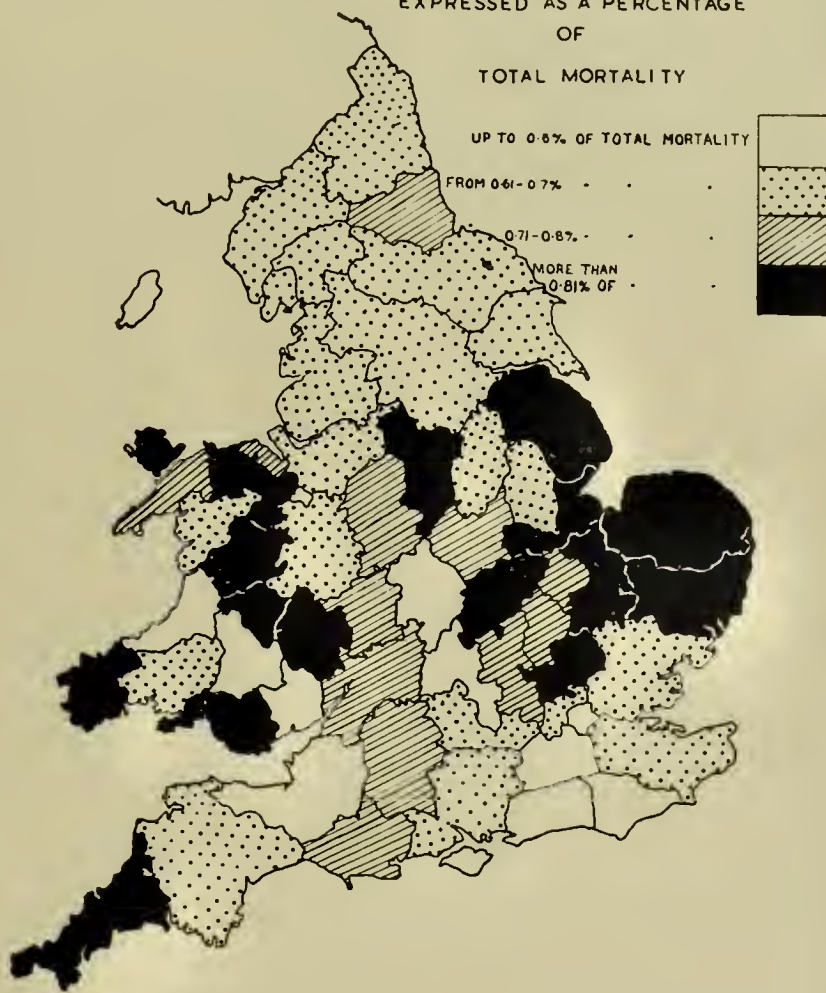
ENGLAND AND WALES

DIABETES MORTALITY  
1948-1952EXPRESSED AS A PERCENTAGE  
OF  
TOTAL MORTALITY

UP TO 0.6% OF TOTAL MORTALITY

FROM 0.61-0.7%

0.71-0.8%

MORE THAN  
0.81% OF

The first of the two maps shows the average annual mortality for England and Wales for the 5 years 1948—1952, adjusted for the sex and age distribution of the population. The second map shows the mortality rate from diabetes over the same period, similarly adjusted for age and sex distribution.

The mortality from diabetes is unexpectedly high in East Anglia, an area with a low mortality rate from all causes, and in the West Country. On the other hand, the industrial north, Northumberland, Durham, Lancashire and the West Riding of Yorkshire, counties with a high general mortality, have a comparatively low diabetes mortality.

Mortality figures for Cornwall are unexpectedly high, being 50% above the mean for the country. The graph in Fig. 2, based on the mortality figures for Cornwall and England and Wales over the past 20 years, shows that this high figure is not due to a sampling error as the mortality in Cornwall has been consistently higher than that of England and Wales over the whole period.



D I A B E T E S      M E L L I T U S  
DEATH RATES PER 100,000 LIVING

1935 - 1954

England & Wales —————  
Cornwall - Crude Rates - - - - -



Figure 2.

That the prevalence of diabetes is also abnormally high in Cornwall, has been shown by Dr. C. T. Andrews in a survey carried out in 1955. The survey covered the practices of some 48 General Practitioners in the West Cornwall Hospital Management Committee Area, and represented approximately one-third of the total population of the area. The Survey showed a prevalence rate of 5.65 per 1,000 population, i.e. twice as high as the estimated prevalence in England and Wales.

A partial explanation of the high incidence of the disease in Cornwall, is provided by a study of the population structure. In this area, approximately 19% of the population are aged 60 or over as compared with 16% for the rest of the country. As diabetes predominates in the older age groups, a slightly higher figure than that for England & Wales as a whole might be expected. A more powerful reason is that provided by the isolation of the area with consequent inbreeding in the past. Isolation in West Cornwall has meant a great deal more than lack of intercourse with the rest of England. The small fishing village and rural township have kept themselves apart to a degree rarely seen in the rest of England. Local geography has fostered this isolationism, for many of the coastal villages have regular transport facilities even to-day of no more than one bus per day or even one per week. Another interesting problem in the Epidemiology of diabetes is the sex ratio:—

Writing in 1896, Clifford Allbutt remarks:—

“The different incidence of the disease in the two sexes is very marked in tables which include deaths at all ages, being in the proportion of 3 males to 2 females; but when the cases are analysed so as to admit of comparison at the several periods of life, this difference is seen to be much less in childhood and extreme old age, when the figures are more nearly equal.”

The intervening 50 years have shown a big change in the mortality from the disease between the sexes, indeed today the sex ratio is largely reversed, the mortality in females (all ages) in the country being 25% above males.

This higher mortality amongst females is found today in most countries for which statistics are available, the only exceptions being Italy and Japan. The predominance is most marked between the ages of 45 and 65.

This reversion of the sex ratio was apparent in England and Wales at the end of the first World War, and ever since 1920 the female rate has remained consistently higher. As diabetics seldom die in the first 10 years of the disease, the factors responsible for this should be looked for in the early years of the 1914—18 War.

It is difficult to account for this remarkable change. It may well be one of the drawbacks of emancipation, yet this is not the whole story as marriage also plays a part, single women having much the same incidence as men.

## CARE AND AFTER-CARE

### Tuberculosis

The environmental circumstances of each newly notified case of tuberculosis are reported upon by a Health Visitor unless the medical practitioner indicates that he does not wish the patient to be visited. The Health Visitor arranges for the patient and contacts to attend at the nearest dispensary, where the report is available to the Chest Physician.

If a domiciliary visit is necessary, this is arranged by the Health Visitor. The Chest Physician refers appropriate cases to the National Assistance Board, issues any certificates required, (e.g. for the exclusion of a child from school), and advises the Health Area Office of any such action taken by completing a report form which is forwarded with the report on home conditions and also contains any recommendations the Chest Physician may wish to make regarding re-housing, the loan of a shelter, bed or bedding, or the grant of extra nourishment, etc.

Recommendations for after-care are made on purely clinical grounds and the decision whether it should be provided by the County Council is made by the Assistant County Medical Officer after investigation of the financial circumstances of the patient.

The closest co-operation between the Health Area Office and the National Assistance Board ensures that everything possible is done to secure the social and physical welfare of patients and their families through the financial assistance of the Board and the after-care service of the County Council.

The Chest Physicians, who are responsible for the treatment of tuberculosis, are concerned also with preventive and care work, and are accordingly appointed jointly by the Regional Hospital Board and the County Council.

The nursing of patients in their own homes is undertaken by the County Council's District Nurses and nursing requisites are available from the nurses' loan cupboards.

In addition to the liaison with the National Assistance Board referred to above, close co-operation is maintained with Welfare Officers and with the Children's Officer, who has done invaluable work in arranging for the care of children of tuberculous parents who would be exposed to considerable risk of infection if allowed to remain in their own homes; for the temporary care of children to facilitate the institutional confinement of the mother where this has been necessary for medical or environmental reasons; and in many other directions where the duties of the Children's Department are related to the work of the Health Department.

### Workshops and Settlements

During the year the County Council was financially responsible for the training of 4 patients in Village Settlements.

### Other Types of Illness

Health Visitors undertake a great deal of work in visiting patients notified by hospital almoners as needing follow-up, and arrange for the provision of the services available from both statutory and voluntary sources.

During the year the Health Visitors attended 828 Chest Clinic Sessions and 38 sessions were attended by supervisory staff.

A total of 9,476 visits were paid by Health Visitors to the homes of tuberculous persons.

## HEALTH EDUCATION

Definite progress is being made as the value of this work is appreciated. There is great financial saving in preventing illness rather than in the spectacular and expensive treatment of established disease. More people are asking for a working knowledge of factors which favour or prevent disease, and influences which affect physical, mental, and social health. Health is a positive condition and involves more than the mere absence of disease. The necessary effort to achieve health is well worth while from a personal point of view, as well as from an economic one. There is still too much illness which could have been prevented, and too often a sub-standard of health is accepted as normal.

Most of the health education is carried out by doctors, health visitors and nurses of the department. Nearly 2,000 talks and demonstrations have been given to many organisations. Health education in schools is increasing, and some school nurses take part in this. It is realised that group discussion is the most effective form of health education. Visual aids are impressive and memorable and talks are amplified by demonstrations, flannel-graphs, film strips and films. There is a library of film strips at County Hall which is used throughout the County. New film strips are frequently added. There are 4 film strip projectors available to the staff.

The audiences are mainly womens organisations, although sometimes there is a mixed audience. It is felt that the health and standard of living often depend upon the ability and knowledge of the mother, and that time spent on assisting her in the ways in which her family can enjoy healthy lives is well repaid.

In the Spring the Central Council for Health Education again held a two-day course in Cornwall, on "Visual aids and their Construction, public



speaking and group leadership''. This course was well attended by health visitors and nurses. At the same time there was a lecture on "Backward Children" for the staff of the Children's Department, wardens of Children's Homes, and foster parents; and also a lecture for teachers on "Methods and Aids in School Health Education".

### DOMESTIC HELP SERVICE

The Home Help Service established under Section 29 of the National Health Service Act while meeting a heavy demand shows some differences in the types of cases assisted. There has been a decline in the demand for maternity and other short term cases, and a rise in the number of chronic sick, including the aged and infirm, and tuberculous cases, which are all long term thereby requiring more hours of assistance over long periods.

In Cornwall 19% of the population is over 60 years of age, compared with 16% in England and Wales, and half of the cases served fall in this age group. Without the service many of these old folks would require accommodation in hospital or old people's homes, but even those who are needing some nursing care can be kept at home if nurse visits and domestic help is given.

Children are being cared for in their own homes when their mother is being confined, or is ill, either at home or in hospital, The Children's Officer reports "The assistance of the Home Help Service and the advice and help of the local nurses and Health Visitors, have done a great deal to prevent the need to remove children from home during their parents' illness, and an extension of these services would do more than anything else to reduce still further the number of children in the Council's care".

The work with problem families continues and reference is made to this elsewhere.

It has been possible to keep some tuberculous patients in their own homes, and in a few instances patients awaiting admission to a sanatorium have made such good progress at home, that it has not been necessary to admit them.

The Health Area Sub-Committees have set up Home Help Joint Committees in their areas to include members of the area sub-committee and, in an advisory capacity, the Home Help Organisers, the Assistant County Medical Officer and the Assistant County Nursing Officer for the area. These sub-committees are (i) authorised to give instructions regarding assessments and the collection or cancellation of amounts outstanding in respect of the services of home helps in their respective areas and to report action taken to the appropriate area sub-committee and (ii) keep under constant review the administration of the Home Help Service, and make recommendations



thereon from time to time to their respective area sub-committee. The Home Help Joint Committee meets quarterly, prior to the Area Sub-Committee.

The Women's Voluntary Service continues to operate the scheme throughout the county, each organiser being responsible to the Home Help Joint Committee and its Medical Officer for the day to day work in her centre. The Home Help Organisers have again proved the invaluable assistance that can be given to a local authority by a voluntary organisation.

The following table shows the number of home helps employed and the number of cases served throughout the year.

	Number of home helps employed:			Number of cases served:			
	Whole time	Part time	Spare time	Mater-nity	Tubercu-losis	Chronic sick & old age	Others
Area 1	4	3	27	12	7	134	25
Area 2	8	22	18	34	6	142	40
Area 3	21	8	21	66	22	134	80
Area 4	2	12	38	34	3	97	73
Area 5	1	—	10	17	1	26	10
Area 6	—	—	32	10	2	24	17
Area 7	—	10	28	16	2	72	50
Residential	4	—	—	47	—	3	12
	40	55	174	236	43	632	307

The following table shows the work over the previous four years.

Year	Equivalent No. of F.T. H. Hs.	Maternity	Tubercu-losis	Chronic sick & old age	Others	Total
1952	88	292	21	278	358	949
1953	104	281	26	377	467	1,151
1954	124	290	36	499	419	1,244
1955	146.5	236	43	632	307	1,218

Once again, I must express my very sincere thanks to, the W.V.S., County Organiser Lady Carew Pole, and the voluntary Home Help Organisers for their unstinted assistance throughout the year.

## MENTAL HEALTH

### 1. Administration

#### (a) Committee

The Welfare Sub-Committee of the Health Committee is responsible for the administration of the Mental Health services, and this Committee, as its name suggests, also directs the Welfare services, which fall to the responsibility of the County Council under Part III of the National Assistance Act,

1948. Although much of the work of Mental Health must be dealt with on a day to day basis, the Committee gives full consideration to matters of policy and individual cases at its Meetings, which are held quarterly. The Chairman is always available for consultation in the intervals between Meetings, when necessary.

#### (b) Staff

No changes have occurred in the Mental Health Staff during the year, and it has been possible, therefore, to consolidate the changes made during 1954, when there was an amalgamation of the Mental Health and Welfare field staff.

The County Psychiatrist undertakes Child Guidance and Mental Deficiency clinical work on a 50% apportionment, and the County Mental Health Officer devotes his whole time to the administration and general supervision of the Mental Health service. The Education Psychologist and Psychiatric Social Worker are fully employed on Child Guidance Work, although the latter does a very limited amount of after care in a few specific cases discharged from Mental Hospitals. The female Mental Health Worker undertakes supervisory duties relating to Mental Defectives, female after care work and also assists with the training scheme for mentally retarded children.

I should like to make some comments, at this stage, on the merger of the Mental Health and Welfare field staff in the seven Health Areas in the County. These Officers are now responsible for initial proceedings under the Lunacy and Mental Treatment Acts, in their capacity as Duly Authorised Officers, the after care of patients leaving Mental and Mental Deficiency Hospitals, the supervision of Mental Defectives in the community and any other day to day duties arising therefrom. In addition they carry out the field duties which flow from the County Council's responsibilities under Part III of the National Assistance Act, 1948, and are Collectors for the purposes of this Act and also for the recovery of contributions in respect of deprived children.

With the greater complexity of the various Health and Social Services there is growing concern at all levels of administration, at the increase in "officials" who actually visit the home of the individual. Serious thought must be given to this problem, and in fact a Working Party on Social Workers was appointed by the Minister of Health some time ago. Evidence has been received from all sources on the proper field of work, recruitment and training of social workers at all levels in the Local Authorities Health and Welfare Services. It is very clear that whilst some field duties cannot by their very nature be amalgamated with others, and that all services can bring good arguments to bear for specialisation, a merger of functions must be carried out where possible on the grounds of an efficient service, consideration for the public and financial economy.

Mental Health and Welfare field duties are closely allied, and our short experience of the combined officer in Cornwall, as outlined above, shows that much overlapping of visiting is eliminated, with no impairment of efficiency. In a rural County, I am convinced that this type of Officer is an excellent proposition, and there is a definite place for him in any present day system of field organisation concerned with the Health and Welfare Services.

**(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees**

My remarks under this heading again confirm the excellent relationship which exists between the County Council, the Regional Hospital Board and Hospital Management Committees. There are no arrangements for the joint use of staff, but co-operation between officers is excellent and overlapping of duties rarely if ever occurs. The Mental Health field staff have dealt with the steady flow of after-care work on behalf of St. Lawrence's Hospital, Bodmin, and the value of this follow-up of discharged patients is fully recognised by the Medical Staff. During the year, a restriction had to be placed on the admission of female voluntary patients to this Hospital, owing to overcrowding. In practice, however, with the co-operation of General Practitioners, the point was never reached where a patient had to be refused admission, and, at present, there is no waiting list for this class of patient for admission to the main Hospital.

Relations with the Royal Western Counties Hospital Group, in the sphere of Mental Deficiency, have been as cordial as ever. On the one hand, every assistance has been given by the Hospital in providing vacancies when required, and despite shortage of accommodation, the waiting list for admission has not markedly increased during the year. On the other hand, the supervision of cases on Licence in Cornwall is undertaken by the Mental Health Staff on behalf of the Hospital, and we in turn endeavour to give an equally efficient service.

One important step was taken during the year to improve the excellent liaison with the Royal Western Counties Group still further. At the suggestion of the Medical Superintendent, the County Mental Health Officer attends a case conference at the Hospital at monthly intervals, when problems affecting Hospital and Local Health Authority can be discussed at first hand. This innovation has proved most successful from the administrative viewpoint, and ultimately benefits the patient — a fact that must always remain in the forefront of all Mental Health organisation.

**(d) Duties Delegated to Voluntary Associations**

No duties relating to Mental Health have been delegated to Voluntary Associations, although this does not mean that they play no part in the day to day work. The Hospital Car Service conveys children to and from the training centres for the mentally retarded. Escorts for the same children



come from the ranks of the British Red Cross Society, the St. John Ambulance Brigade and the Women's Voluntary Service. I must record my appreciation of this work, without which our present training scheme for the Mentally Handicapped would be much curtailed.

The National Association for Mental Health has again been helpful, particularly in respect of our training arrangements.

## **2 Account of Work Undertaken in the Community**

### **(a) Prevention of Mental Illness, Care and After-Care**

I have given a great deal of thought to what I am going to say under this heading, concerning the preventive aspects of mental illness, and like many of my colleagues, I have little constructive to offer towards a solution. The theme of the Conference of the National Association for Mental Health in March, was devoted to the preventive aspects of Mental Health, and some very startling figures were produced. There are 150,000 patients in Mental Hospitals in England and Wales. On present trends it is estimated that one baby out of every nineteen born will spend part of its life in a Mental Hospital, whilst one in twelve will suffer at some time from a nervous breakdown. Three million people in this country, and this figure is probably an under-estimate, suffer from handicapping neuroses, and the effect on our national life must be tremendous. In the statistics at the end of this section of my report, you will notice that during the year a total of 838 Cornish patients were admitted to Mental Hospitals for treatment. Compare this number with the 593 patients admitted in 1951, and you will realise that in four years the progressive increase is more than 41%.

Let us try to suggest a reason for this upsurge. Some will say that the attitude of the public towards Mental Hospitals has changed, that far more people are coming forward for treatment, and that more attention is now paid to psychiatric disorders. I am quite prepared to agree to all these reasons, but I am sure that together they do not constitute anything like the percentage mentioned in the previous paragraph. As I see it, there has been a steady increase in the incidence of mental illness during the past few years, which is fast becoming a major national problem.

What is the answer, or would it be more correct to ask, what are the causes? We are told that as individuals we are financially better off than ever before, the "Welfare State" has given us a system of social security second to none, and nutritional standards were never higher. True there is international tension, but does this really affect the mental outlook of the "man in the street"? Can it be that although incomes are more, outgoings are higher in proportion, and television sets, washing machines, refrigerators and motor cars purchased on credit, bring attendant financial anxieties to an extent we do not realise? Does the "Welfare State" remove not only intolerable stresses and strains, but the tolerable ones also, and thus insidiously curtail the striving instinct of the individual? Have we become dis-

contented with the simple pleasures of life, and do we now think too much of ourselves and too little of service to the Community? These and many other suggestions are, I think, deserving of profound thought by all, if we are to check the spread of neurotic illness in our midst.

Looking at the problem from the viewpoint of "bricks and mortar", the main preventive weapon at our disposal, is the Child Guidance Service, but is this the complete answer to the problem? It is generally agreed that the experiences and relationships of the child during the first five years of life are of major importance in establishing the patterns of later behaviour. In my report as Principal School Medical Officer, I stated that during 1955, 241 new cases were seen by the Child Guidance staff. Of this number, only ten were under the age of five years. The inference to be drawn, therefore, is that children are not referred until the disorders of behaviour are well established, and what should be a measure of prevention perforce becomes a palliative. Despite the valuable contribution of Child Guidance work, I think that to come to grips with the problem, we must look much deeper into the social structure of our society and into our own consciences as individual members of the community.

On the question of after-care, I am pleased to report that a steady volume of cases has been dealt with consisting of discharged patients from Mental Hospitals and Mental Deficiency Institutions. There is no doubt of the value of this work in helping the patient to overcome the transition from the Hospital to the world outside, and to adjust to the sudden change of environment. In Mental Deficiency, all patients on licence must now be considered for discharge after twelve months, and the sudden complete freedom often takes the patient by surprise. Friendly counsel and guidance is necessary more than ever before.

#### **(b) Initial Proceedings by Authorised Officers**

The arrangements for the initial care of persons requiring treatment in Mental Hospitals, are carried out by the Mental Health and Welfare Officers in each of the seven Health Areas of the County, and I have already commented on these officers earlier in my report. They operate a twenty-four hour service, and as such are constantly on call to deal with any emergencies which may arise. Whilst today the majority of patients enter Mental Hospitals as Voluntary Patients, there are still cases needing compulsory restraint for their own safety or the safety of others, and some of these are very dangerous to deal with. The Authorised Officer accepts this as an occupational hazard, and largely due to his experience and understanding, this type of patient is handled with a minimum of difficulty.

Many Voluntary Patients enter Mental Hospitals without the Authorised Officer coming into the picture, but he is required to deal with all cases where legal Orders are necessary. He also deals with a large proportion of voluntary admissions, generally where the case presents some difficulty.



I must again refer to the statistics at the end of this section of my report, where you will observe that the Authorised Officers admitted 491 patients during the year. In 1951, they admitted 302 patients and here the percentage increase is over 62%. This increase is some 20% more than the general increase in the annual admission rate, but is due to the fact that the Authorised Officers are now comprehensive "field" officers. As such their services are more widely known to Local Practitioners and the general public, and they are called into many more cases than in the past.

The expansion of the work of the field staff is placing an undue burden upon them, particularly by its intrusion into what are normally accepted as leisure hours. The problem will have to be faced in the near future, if our service is to be maintained, as indeed the Law requires.

### **(c) Mental Deficiency Acts, 1913 to 1938**

#### **(i) Ascertainment and Supervision**

The duties of the Local Health Authority concerning the ascertainment and supervision of the mentally retarded have operated quite well throughout the year. Although only 59 new cases were reported, which is 20 fewer than the previous year, this does not, I am sure, mark any significant future trend. As usual, the majority of new cases were reported by the Education Authority through the normal channels.

Supervision of the mentally retarded in the community has also worked smoothly, and well over 2,500 domiciliary visits have been carried out during the year by Mental Health Staff for this purpose alone. Supervision today has a far different meaning from the interpretation of the word in the past. Years ago the patient was visited, watched, and at the first sign of misbehaviour Institutional care was the usual remedy. Today, the patient and parents are helped constructively with guidance and advice, through our own agency and that of the Ministry of Labour, National Assistance Board and other organizations. The mentally retarded have a place in the community, and many of them can earn their own living if placed in suitable situations, and given initial help. Of the cases reported for supervision when they leave school, special consideration is given to discharging them from care when they reach the age of eighteen years, if they have adjusted to their environment and are self-supporting.

#### **(ii) Guardianship**

There has been no real change in the Guardianship position during the year, and as far as I can see, the more rapid discharge of patients from Mental Deficiency Hospitals will not have any great effect on the question. In the main, such discharges are of the higher grade patients, who have been on licence for approximately twelve to eighteen months, and cases requiring a continuation of care by way of Guardianship are very few. Again, apart from financial reasons, I can advance no argument as to the benefits of Guardianship over supervision, as both depend upon the co-

operation of the person having care of the patient. Indeed, when one considers the somewhat cumbersome legal procedure of Guardianship, together with the administration involved, one is very doubtful of its present value.

### (iii) Occupation and Training

I reported last year that for the first time training of the mentally handicapped had started in Cornwall. It is now with pleasure that I am able to report on the first full year of progress in this field. Our three main Group Centres at Falmouth, Hayle and St. Austell have each operated two days weekly, and the numbers catered for have risen to 34. These Centres have been supplemented by smaller groups at Wadebridge and Bude, where training is carried out at three weekly intervals, plus individual teaching in the homes. By the end of the year some 57 patients, mainly children excluded from school as ineducable, were receiving training.

Children are conveyed to and from the main centres by the Hospital Car Service. Escorts are provided by the Voluntary Associations, and as I have already mentioned, I am very grateful for the fine work which is being done in this connection. I must also record my appreciation of the work of the voluntary helpers in the centres, in assisting the teachers to care for their charges. These ladies are performing a service of the utmost value, without which our training programme would have been much curtailed.

An Inspector of the Board of Control spent four days in Cornwall towards the end of the year, visiting the Centres. I would like to quote the final portion of her report, where, after setting out details of our training scheme, she gives her impressions and recommendations.

"Records of progress are kept by the Teachers, and I was able to see these and the activities in the Centres. The basic training has progressed so well that those attending are ready for the next phase, which will entail more organised work in a regular routine. Such progress is all the more praiseworthy since the children have only met together for two days each week of school terms for one year. The assistants to the Teachers in the Training Centres are voluntary, and much depends on their ability to attend and their aptitude for the job. At St. Austell, the Social Worker is assisting."

"In these circumstances the two Teachers, who teach in the homes and in the Centres, are over-burdened and can give sufficient attention to perhaps one-third of the children covered by the scheme. The addition of a third full-time member of the staff would be necessary to gain full benefit from what is now being done. Already, however, the benefit to the children and to their families since the scheme began is tremendous. Visiting both Centres and homes with the Teachers, I was greatly impressed with the value of the work being done, and by the parents' appreciation of it."

"Organisation of a service of this kind in a rural area like Cornwall is difficult—indeed it was thought to be impossible, but initiative and imaginative planning have gone far to overcome difficulties. The Health Committee

and their staff are to be congratulated on their new service, and I hope it will be possible, even in these difficult times, to find the necessary money to make the improvements that are still needed.

W. M. CURZON.

Inspector of the Board of Control."

As a final word, I am pleased to say that at the time of writing this report, a third teacher has been appointed. I am looking forward to a development of the invaluable work which our first two teachers have performed with such ability, and on which I shall comment in my report for 1956.

### Mental Health Statistics at 31st December, 1955

(The figures in brackets indicate the numbers at 31.12.1954)

### 1. Mental Patients

(a) Admissions during the year by Duly Authorised Officers.

Name of		Section 11 or				Section 21.				Total	
Hospital	Certified	Voluntary	Temporary	20.	21.	Total					
	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
St. Lawrence's											
Hospital	63 105	79 115	2 1	1 1	31 81	176 303					
Bodmin	(55) (101)	(67) (117)	(—) (3)	(4) (2)	(25) (29)	(151) (252)					
Moorhaven											
Hospital	— —	7 4	— —	— —	1 —	8 4					
Devon	(1) (—)	(1) (3)	(—) (—)	(—) (—)	(1) (2)	(3) (5)					
	63 105	86 119	2 1	1 1	32 81	184 307					
	(56) (101)	(68) (120)	(—) (3)	(4) (2)	(26) (31)	(154) (257)					
Total admissions during 1955 by Duly Authorised Officers										...	491
											(411)

(b) Admissions of Cornish Patients during the year from all sources.

[illegible]

(Included in the figures above are 98 admissions under Sections 11, 20 or 21 of the Lunacy Act, 1890, who subsequently became Certified or Voluntary patients. Not included are 16 such admissions who died or were discharged without further action being taken).

(c) Number of Cornish Patients in Hospitals at 31st December 1955.

Name of Hospital	M. F. Certified	M. F. Voluntary	M. F. Temporary	M. F. Total
St. Lawrence's Hospital, Bodmin	362 541 (386) (564)	113 206 (113) (173)	2 — (—) (—)	477 747 (499) (737)
Moorhaven Hospital, Devon	5 2 (4) (2)	8 14 (8) (11)	— — (—) (—)	13 16 (12) (13)
	367 543 (390) (566)	121 220 (121) (184)	2 — (—) (—)	490 763 (511) (750)
Total of Cornish Patients in Hospitals on 31.12.1955				... 1,253 (1,261)

(d) Admissions of Cornish Patients aged 70 years and over to Mental Hospitals during the year. (These figures are included in the numbers given under (b)).

Name of Hospital	Certified M. F.	Voluntary M. F.	Temporary M. F.	Total M. F.
St. Lawrence's Hospital, Bodmin	15 53 (26) (53)	18 31 (14) (27)	1 (—) (1)	34 84 (40) (81)
Total				... ... 118 (121)

## 2. Mental Deficiency

(a) Number of new cases reported during the year.

How Reported	M.	F.	Total
(1) Notified by the Education Committee:— Education Act, 1944.			
(a) Section 57(3) ... ..	13 (13)	7 (13)	20 (26)
(b) Section 57(4) ... ..	— (—)	— (1)	— (1)
(c) Section 57(5) ... ..	16 (13)	12 (10)	28 (23)



(2) Reported from other sources and ascertained as Mental Defectives	4 (11)	7 (18)	11 (29)
Totals	33 (37)	26 (42)	59 (79)

## (b) Cases residing in the Community.

Type of Case	M.	F.	Total
(1) Under Statutory Supervision ...	272 (257)	247 (245)	519 (502)
(2) Under Friendly Supervision ...	11 (9)	15 (12)	26 (21)
(3) Under Guardianship ...	5 (5)	7 (7)	12 (12)
(4) On Licence from Institutions but supervised by County Council ... (These figures also included in Table (e)).	3 (9)	11 (9)	14 (18)
Totals	291 (280)	280 (273)	571 (553)

## (c) Cases awaiting admission to Institutions.

Classification	M.	F.	Total
(1) Over the age of 16 years.			
(a) Idiots ... ..	2 (3)	— (1)	2 (4)
(b) Imbeciles ... ..	6 (—)	— (1)	6 (1)
(c) Feeble-minded persons ...	2 (—)	3 (—)	5 (—)
(2) Under the age of 16 years.			
(a) Idiots ... ..	3 (3)	1 (2)	4 (5)
(b) Imbeciles ... ..	2 (5)	3 (1)	5 (6)
(c) Feeble-minded person ...	1 (1)	— (2)	1 (3)
Totals	16 (12)	7 (7)	23 (19)

(These figures include 3 males of idiot grade and 1 female of imbecile grade under the age of 16 at present in an Approved Home, where they can remain until they reach the age of 6 years).



## (d) Admissions to Institutions during the year.

Name of Institution	Mental Deficiency Acts, Sections 3, 6, 8, or 9		Mental Deficiency Acts, Section 15		Total	
	M.	F.	M.	F.	M.	F.
Royal Western Counties Hospital Group ...	6 (23)	16 (17)	— (—)	2 (3)	6 (23)	18 (20)
Other Institutions ...	3 (4)	1 (3)	3 (—)	— (1)	6 (4)	1 (4)
Totals ...	9 (27)	17 (20)	3 (—)	2 (5)	12 (27)	19 (24)
Total admissions during 1955 ...					31 (51)	

(In addition to these figures 3 males and 3 females were admitted to temporary care under Circular 5/52).

## (e) Cases in Institutions (Including Licence Cases)

Name of Institution	M.	F.	Total
Royal Western Counties Hospital Group ...	177 (176)	173 (159)	350 (335)
Other Institutions ...	84 (85)	38 (38)	122 (123)
Cases in other Institutions in "Place of Safety" accommodation ...	3 (2)	— (1)	3 (3)
Totals	264 (263)	211 (198)	475 (461)

## WELFARE SERVICES

## THE AGED AND THE INFIRM

## 1. Accommodation Provided

## (i) By the County Council

In last year's report, a survey was given of the services for the aged and infirm provided in the County both by the County Council and Voluntary bodies. During the year 1955, the position has changed somewhat owing to the report presented to the County Council and the West Cornwall Hospital Management Committee by the Joint Geriatric Working Party appointed to consider (inter alia) the accommodation available for Part III cases in the West Cornwall Clinical Area. The Report of the Working Party drew attention to the undue preponderance of elderly people in the population of the County and pointed out:—

- (a) that the amount of Hospital and Part III accommodation was proportionately below that provided in other parts of the region, and

(b) that there are approximately 68,300 persons over 60 years of age in Cornwall.

The Report emphasised that "the whole object of statutory services for elderly people must be to enable them to remain comfortably at home. Home is where they have established their customs and habits, where they are surrounded by their friends and their own treasured possessions; from a humanitarian point of view, it must be regarded as a regrettable necessity whenever these deep roots must be torn up." The Long Stay Hospital Annexes and the Old Peoples Homes can only cater for a small fraction of the number of old people in the County.

It is, therefore, the aim of the Health Committee generally and the Welfare Sub-Committee, in particular, to make the conditions in Part III accommodation as nearly like a good home as possible. It can never be quite the same, as the intimacy of the small family unit is missing. Nevertheless, every effort is made in the Residential Homes provided by the County Council to make the atmosphere as "homelike" as possible.

The Report of the Working Party drew attention in forceful and challenging language to the poor accommodation at the Joint User establishments, in particular, Barncoose and Budock House. This is no reflection on the staffs at these places who have always done their best for the residents, but the old institutions can never be converted into Homes. These "workhouses", as their name suggests, are a relic of sterner and less charitable days when destitution was thought of as almost a crime and admission to the "House" was regarded as something of a punishment. The Report strongly recommended that serious consideration should be given to the possibility of abandoning the Part III side of Barncoose, Meneage and Budock and providing instead Old Folks' Homes. I am glad to be able to report that the Report was accepted, without dissent, by the County Council (as it was by the Hospital Management Committee) and a start has been made towards implementing the recommendations of the Working Party.

Carew House, Hayle, for which the Children's Committee had no longer any use, has been transferred to the Welfare Section, and is, being enlarged to provide twenty-five beds for Old People. This will be most useful accommodation as all the rooms for the residents (bedrooms, sitting rooms, dining room, etc.) will be on the ground floor. At first, it will be used to accommodate men transferred from Barncoose but, in course of time, will be most valuable as accommodation for frail ambulant and help to meet, in part, the ever growing need for beds for persons who are too frail for the ordinary Residential Home, but are not regarded as hospital patients.

The rooms are light and airy and the Welfare Sub-Committee is in course of furnishing the building, which it is hoped will be ready to admit residents in the early Spring. The question of the extension of the build-

ing may be postponed for a short time but it is intended to commence admissions up to about 16 residents before the extensions are actually carried out.

In addition Cliffe House Hotel, Falmouth, has been purchased by the County Council for use as an Old People's Home. This is a well built property, delightfully situated on the front at Falmouth and will accommodate about 28 residents, in addition to the staff. Some alterations will be necessary here. The electric wiring system needs overhauling, a fire escape for the top floor should be provided and also an additional bathroom by converting one of the small bedrooms. In the first place, Cliffe House will be used for men and women transferred from Budock House, Falmouth, from which it is hoped to withdraw entirely by the Spring of 1956. The furnishings of this Home (which include a television set) are exceptionally good.

This is an excellent beginning, but there still remains a great deal to be done if the Welfare accommodation is to reach that standard which, I am sure, it is the desire of the County Council to attain. The scheme for improving Sedgemoor Priory, St. Austell, has been submitted to the Ministry of Health for approval, but there still remains—

- (a) The withdrawal of Part III residents at Meneage House, Helston, and accommodating them in Residential Homes;
- (b) The need to improve conditions in the east of the County, i.e. at Liskeard and Launceston; and
- (c) As already pointed out, the increasingly urgent need for accommodation for frail ambulant persons.

(a) is having attention, and 1956 should see the recommendations of the Geriatric Working Party fully implemented. In connection with (b), the Hospital Management Committee for the East Cornwall Clinical area are improving the women's block at Lamellion Hospital, Liskeard. This will be a great improvement, but temporarily it has meant an acute shortage of women's beds throughout the County. At Launceston, administrative difficulties are being constantly encountered in maintaining the Part III beds to which the County Council is entitled and it is hoped that within a reasonable period of time an Old People's Home may be provided in this town. As to (c), it is hoped that 1956 will see the commencement of a frail ambulant Home in the Camborne-Redruth Urban District.

The residential Homes provided by the County Council at the end of the year under review are:—

St. Michael's, Penzance, (Matron—Mrs. E. J. Arnold)	...	20 beds
Endsleigh, Newquay, (Matron—Mrs. M. M. Salmon)	...	28 beds
Polvellan, W. Looe, (Matron—Mrs. D. B. Clinton)	...	34 beds
Carew House, Hayle (Matron—Miss F. A. Johns)	...	16 beds*
Cliffe House, Falmouth, (Matron—Mrs. E. Solomon)	...	28 beds

\* (To be extended to 25 beds)





Lounge at Old People's Home, Polvellan, Looe.

Tribute should be paid to the voluntary organisations for the splendid help they give to the Old Peoples Homes, particular mention being made of the Methodist Churches at Looe, who, not only hold regular services in the Home, but do so much in other ways to bring happiness to the residents, and also the "Friends of Sedgemoor Priory", who are tireless in their efforts and most generous in their giving to bring entertainment and additional comfort to the people at Sedgemoor Priory (both hospital and Part III). The same measure of kindness is shown at Newquay and Penzance, where the Vicar of the Parish in each place goes regularly to the Home and administers Holy Communion, and local organisations such as Rotary Clubs, Inner Wheels, Toc H, and others who do so much for Endsleigh and St. Michael's.

### (ii) By Voluntary Associations

Various Voluntary Associations have also provided Residential Homes in the County as follows:—

	Beds	Charge for maintenance per week
Perran Bay Hotel, Perranporth, by the Cornwall Old People's Housing Society Ltd. ...	40	£4.
Downs View, Bude, by the Bude Stratton Aged People's Welfare Society Ltd. ...	17	£3.10.0
Caprera, St. Austell, by the Fred Lovering's House Ltd. ...	28	£3.3.0
Eventide Home, Liskeard, by the Liskeard Eventide Home Ltd. ...	22	£4.0.0
Malabar Home for the Blind by the Cornwall County Association for the Blind ...	37	£4.0.0
Home of the Epiphany, St. Agnes ...	20	£5.0.0

Appreciation is expressed of the work done in all the Voluntary Homes, particularly the Epiphany Home, St. Agnes. The Epiphany Home has several qualified nurses on its staff, and can deal with cases not normally accommodated in Old People's Homes. Furthermore, under the leadership of Sister Anne, despite the constant calls made upon the Home, there is a ready willingness to help, which springs surely from its Religious foundation.

The County Council has entered into an Agreement under Section 26 of the National Assistance Act 1948, with all the Voluntary Homes mentioned above. Under these Agreements the County Council contribute to the maintenance of residents in the Homes who are not able to pay the full standard charge.



### (iii) Charges for accommodation

The standard weekly charge in the County Council's Homes is £3.15s.3d., but those who are not able to pay the standard charge are assessed at a lower rate according to their ability to pay. Those residents who have no other source of income are entitled to receive either a Retirement Pension or a National Assistance Allowance of £2 per week, from which they are required to pay the minimum charge of £1.12s.6d. for maintenance, leaving them with 7/6d. per week for small items of personal expenditure. The charge for maintenance, whatever it may be, also includes the provision of personal clothing, but residents mostly prefer to provide their own clothes. Residents have the same right to the services of a family doctor, and the same freedom to choose a doctor, as other members of the community. At all the Homes one hears stories of the patience and consideration of the doctors towards the residents.

### (iv) Temporary Accommodation

During the year under review, the four hutments at the Cameron Estate, St. Agnes, and the two huts on the Dry Tree Estate, Mawgan-in-Meneage, have largely met the needs for temporary accommodation, but there are signs that there will be an increase in the demand in the near future. If the scheme for adaptations at Sedgemoor Priory receives Ministerial approval, then accommodation elsewhere will be required. Some of the District Councils have co-operated with the County Council in the re-housing of evicted families, notably Truro Rural District Council, Truro City and Camborne—Redruth Urban District Council. There are other District Councils who are slow to recognise their responsibilities in this direction. In fairness to the District Councils, there are some families who seem to be the responsibility of no one (except the Welfare Department) and this problem is accentuated by the fact that there is a growing number of women who are either separated from their husbands or divorced who, with their children, seek temporary accommodation.

### (v) Residents in Part III Accommodation

The number of residents in Part III Accommodation on the 31st December, 1955, was as follows:—

Establishment	Men	Women	Children	Total
Budock Hospital, Falmouth	...	12	13	25
Meneage Hospital, Helston	...	7	12	19
Barncoose Hospital, Redruth	...	33		33
Sedgemoor Priory, St. Austell	...	50	50	100
Lamellion Hospital, Liskeard	...	23	20	43
St. Mary's Hospital, Launceston	...	17	8	25
Part III	...	142	103	245

**Council Homes**

St. Michael's, Penzance	...	7	13	20
Endsleigh, Newquay	...	4	24	28
Polvellan, Looe	...	5	23	28

**Voluntary Homes**

Downs View, Bude	...	1	9	10
Caprera, St. Austell	...	6	16	22
Eventide Home, Liskeard	...	3	9	12
Perran Bay Hotel, Perranporth	...	8	25	33
Methodist Homes, Ilkley	...		1	1
Salvation Army, Clevedon	...	1		1
St. Teresa's, Predannack	...	1	1	2
Epiphany Home, St. Agnes	...	8	7	15
Christadelphian, Southport	...		1	1
Nurses Memorial Home, Reigate	...		1	1
Part III Tehidy Hospital	...	1		1

**Blind Homes**

Malabar, Truro	...	9	12	21
Torr, Plymouth	...	3	4	7

**Epileptic Colonies**

Chalfont, Bucks.	...	1	3	4
David Lewis, Alderley Edge.	...		1	1
Lingfield, Surrey	...	2	1	3
Meath Home, Godalming	...		1	1

**Deaf and Dumb**

Bath	...	1		1
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**Homes provided by other Authorities**

East Sussex C.C.	...		1	1
Bucks. C.C.	...		1	1
Glamorgan C.C.	...		1	1
Devon C.C.	...	1	1	2
Plymouth C.B.C.	...	2		2

Homes etc.

...	64	156		220
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**Temporary Accommodation**

Sedgemoor Priory, St. Austell	...		1	3	4
Dry Tree Camp, Mawgan, Helston	...	1	1	2	4
Cameron Estate, St. Agnes	...	2	3	7	12

GRAND TOTAL

...	209	264	12	485
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LESS chargeable to other authorities

...	3	6		9
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NET TOTAL

...	206	258	12	476
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The following is a summary of the before mentioned figures shewing the various categories of persons in the different types of Homes.

Description of persons	Sedgemoor Priory St. Austell		Joint User Establishments		Residential Homes		Accommodation provided by Voluntary Organisations		Provided by other Local Authorities		Total	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
1. Aged												
(a) Not materially handicapped												
by infirmity	13	5	27	15	8	27	19	49	—	1	67	97
(b) physically or mentally infirm	23	32	32	20	6	21	7	16	—	2	68	91
2. Blind	4	2	—	—	—	2	12	18	—	—	16	22
3. Deaf or Dumb	—	—	1	1	2	2	1	—	—	—	4	3
4. Epileptics	—	2	2	1	—	2	3	6	1	—	6	11
5. Crippled	3	—	5	2	—	2	—	1	2	—	10	5
6. Physically infirm (not being aged)	5	3	8	2	—	1	1	2	—	1	14	9
7. Mentally infirm (not being aged)	3	5	18	12	—	3	1	—	—	—	22	20
TOTAL	51	49	93	53	16	60	44	92	3	4	207	258

**(vi) Admissions and Discharges**

Admissions to and discharges from Part III accommodation during the year ended 31st December, 1955, were as follows:—

	Admissions			Discharges		
	Adults	Children	Total	Adults	Children	Total
Ordinary	252		252	227		227
Temporary						
Accommodation	47	75	122	42	77	119
Total	299	75	374	269	77	346

**CARE OF THE HANDICAPPED**

A survey of the statutory position with regard to handicapped persons was set out in my report for the year 1954, and there is not much which can be added except to say that the County Council during the year appointed a Social Welfare Officer for work in the field, whose special responsibility it is to see that the social needs of the handicapped persons are met as fully as possible.

A friendly and helpful relationship has been established between this Department and the various authorities and agencies, statutory and voluntary engaged in social work, and Mrs. Banham observes constant and tactful vigilance to avoid overlapping and to ensure that all concerned in the welfare of the handicapped, in particular, the family doctor, are kept fully informed of all that is being done. On the other hand, the results of the enquiries and visits made by the Social Welfare Officer, indicate that there was a surprisingly high number of people in the County who were not being visited by anyone and whose needs and problems (tragic and almost insoluble in some cases) were just not being met. Tribute must be paid to the magnificent work being done by the Voluntary bodies, and it is in no sense a depreciation of their work to recognise that there is still a lot that can be done for handicapped persons, for example, a great deal more could be done for the spastics and the epileptics, and the constant cry of the handicapped persons is for light work. There is also the possibility of firms providing remunerative work which can be done at home, and this idea is being explored, as it is believed that something in this direction is possible.

It is certain that as work amongst the handicapped develops, there will be an ever increasing sphere of usefulness for them.

**BLIND AND PARTIALLY SIGHTED PERSONS****Welfare of Blind**

The promotion of the welfare of blind persons, which is the duty of the County Council under the National Assistance Act, 1948, continues to be carried out very satisfactorily by the Cornwall County Association for the Blind. A clause in the Act permits the County Council to delegate this

work to the Voluntary Association which has been caring for the blind for many years.

There are six home teachers. These teachers pay regular visits to the blind in their homes and elsewhere, and help them to overcome the effect of their disability. They teach Braille or Moon reading to those who wish to learn. There is a National Library for the blind to which the County Council pay a per capita subscription. There are sixty-three blind readers in the county. Home teachers also teach simple pastime crafts, and assist in the marketing of these goods. They also help the blind to avail themselves of social services to which they are entitled. Social clubs, outings and handicraft classes are arranged by home teachers.

During the year under the Welfare Scheme two blind persons (both men), were sent to the Torquay Centre for social rehabilitation.

There are sixteen blind home workers in the county who are under supervision by the Bristol Royal Blind Asylum Workshops.

Age Period	Age Groups of Blind Persons			Age at which Blindness Occurred		
	Males	Females	Total	Males	Females	Total
0	—	—	—	25	35	60
1	—	—	—	—	—	—
2	—	—	—	2	—	2
3	—	1	1	2	1	3
4	—	1	1	—	—	—
5—10	4	2	6	11	12	23
11—15	3	—	3	6	6	12
16—20	4	5	9	10	6	16
21—30	9	10	19	17	24	41
31—39	11	16	27	24	18	42
40—49	22	27	49	40	54	94
50—59	56	51	107	55	71	126
60—64	38	29	67	33	61	94
65—69	41	53	94	28	67	95
70 and over	174	379	553	104	217	321
Unknown	—	—	—	5	2	7
Totals	362	574	936	362	574	936



New cases registered during the year:—

Age Period	Age Groups			Age at Onset		
	Males	Females	Total	Males	Females	Total
0—4	—	—	—	—	1	1
5—10	1	—	1	1	—	1
11—15	1	—	1	1	—	1
16—20	1	—	1	1	—	1
21—30	—	—	—	—	1	1
31—39	—	1	1	1	2	3
40—49	—	4	4	1	3	4
50—59	7	4	11	5	7	12
60—64	1	1	2	2	7	9
65—69	4	5	9	7	5	12
70 and over	45	52	97	39	41	80
Unknown	—	—	—	2	—	2
Totals	60	67	127	60	67	127

Blind Children under 16 years:				Males	Females	Total
1. Age under 2	...	...	...	—	—	—
2. Age 2—4						
	Educable	...	...	—	2	2
	Ineducable	...	...	—	—	—
				—	2	2
3. Age 5—15						
	Educable					
	Attending Special School for the Blind					
	(i) Blind with NO other defects	...		3	1	4
	(ii) Blind WITH other defects	...		—	1	1
	Attending other Schools					
	(i) Blind with NO other defects	...		1	—	1
	Not at School					
	(i) Blind with NO other defects	...		—	—	—
	(ii) Blind WITH other defects	...		—	—	—
				4	2	6

Ineducable	Males	Females	Total
In M. D. Institutions			
(i) Blind ... ..	1	—	1
(ii) Blind with multiple defects ...	1	—	1
At home or elsewhere			
(i) Blind ... ..	—	—	—
(ii) Blind with multiple defects ...	1	—	1
	<hr/>	<hr/>	<hr/>
	3	—	3
	<hr/>	<hr/>	<hr/>
Total children ...	7	4	11
	<hr/>	<hr/>	<hr/>

## Education, Training and Employment (Age periods 16 years and upwards)

	Males	Females	Total
1. At School			
Age Group 16—20 ... ..	—	1	1
2. Undergoing Training			
(i) For sheltered employment ...	3	—	3
(ii) For open employment ...	—	2	2
	<hr/>	<hr/>	<hr/>
3. Employed			
(a) In Workshops for the Blind ...	1	1	2
(b) As approved Home Workers ...	10	5	15
All others not included in (a) or (b) ...	30	1	31
	<hr/>	<hr/>	<hr/>
Total employed ...	41	7	48
	<hr/>	<hr/>	<hr/>
4. Unemployed			
	Males	Females	Total
Unemployed but capable of and available for work:			
Already Trained ... ..	1	—	1
Subject to being trained ... ..	1	1	2
Not available for work:			
Age Group 16—59 ... ..	31	46	77
Age Group 60—64 ... ..	17	25	42
Not capable of work:			
Age Group 16—59 ... ..	37	53	90
Age Group 60—64 ... ..	15	3	18
Not employed over 65 ... ..	209	432	641
	<hr/>	<hr/>	<hr/>
Total unemployed ... ..	311	560	871
	<hr/>	<hr/>	<hr/>
Grand Total ... ..	355	570	925
	<hr/>	<hr/>	<hr/>

## Occupations of Employed Blind Persons:

		Within Work-	In approved	Others not	
		shops for	Home Workers	Pastime	Total
		the Blind	Scheme	workers	
Basket Workers	...	1	5	—	6
Agents Collectors, etc.	...	—	—	1	1
Agricultural Workers	...	—	—	4	4
Braille Copyists	...	—	1	—	1
Chair Seaters	... ..	1	—	—	1
Clerks and Typists	... ..	—	—	3	3
Dealers, Tea Agents, News-					
agents, Shopkeepers	...	—	—	5	5
Factory operatives	...	—	—	1	1
Machine Knitters	... ..	—	5	—	5
Labourers	... ..	—	—	2	2
Masseurs and Physiotherapists	...	—	—	1	1
Mat Makers	... ..	—	—	1	1
Ministers of Religion	...	—	—	2	2
Musicians and Music Teachers	...	—	—	1	1
Piano Tuners	... ..	—	4	—	4
Porters, Packers and Cleaners	...	—	—	1	1
Poultry Keepers	... ..	—	—	2	2
Telephone Operators	...	—	—	3	3
Miscellaneous	... ..	—	—	4	4
		2	15	31	48

## Physically and Mentally Defective and Mentally Disordered Blind Persons (All ages)

			Males	Females	Total
(a) Mentally Disordered	... ..	...	2	10	12
(b) Mentally Defective	... ..	...	7	6	13
(c) Physically Defective	... ..	...	42	66	108
(d) Deaf without Speech	... ..	...	—	—	—
(e) Deaf with Speech	... ..	...	3	5	8
(f) Hard of Hearing	... ..	...	24	32	56
Combination of (a) and (c)	...	...	1	1	2
Combination of (b) and (c)	...	...	3	1	4
Combination of (c) and (e)	...	...	1	1	2
Combination of (c) and (f)	...	...	4	6	10
			87	128	215

Blind Persons age 16 and upwards resident in:—

Residential accommodation provided  
under Part III of the 1948 Act  
(viz. Sect. 21)—

			Males	Females	Total
(a) Homes for the Blind	...	..	13	20	33
(b) Other Homes	...	...	7	8	15
Other Residential Homes	...	...	1	11	12
Mental Hospitals	...	...	3	11	14
Mental Deficiency Institutions	...	...	4	4	8
Other Hospitals	...	...	4	19	23
			<hr/> 32	<hr/> 73	<hr/> 105

Miscellaneous information:

Social Centres	..	4
Handicraft Classes	...	5
Persons newly employed in open industry during year 1		
St. Dunstaners	...	5

### Partially Sighted Persons

A partially sighted person is one who is not blind within the meaning of the National Assistance Act, 1948, but, who is, nevertheless substantially and permanently handicapped by congenitally defective vision, or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character. "Partial Sight" has a corresponding meaning.

Particulars of the register for 1955 are given in the following Tables. These people are entitled to the services and facilities provided for Blind Persons:—

#### Age Groups of Partially Sighted Persons

			M.	F.	T.
0—4	...	...	—	—	—
5—15	..	...	8	7	15
16—20	...	...	1	2	3
21—49	...	...	3	12	15
50—64	...	...	4	16	20
65 and over	...	..	26	61	87
			<hr/> Total	<hr/> 42	<hr/> 98
					<hr/> 140

## Cases newly registered during the year

Age at date of registration

			M.	F.	T.
0—4	...	...	—	—	—
5—15	...	...	—	1	1
16—20	...	...	—	—	—
21—49	...	...	—	2	2
50—64	...	...	1	4	5
65 and over	...	...	14	21	35
Total			15	28	43

During the year 8 persons previously registered as partially sighted persons were transferred to the Blind Register.

The register is kept in four main classes:—

- A. Prospective Blind—Persons (other than children) who are near blind or likely to become blind and to need the full range of blind welfare services.
- B. Industrially Handicapped—Persons (other than children) whose principal needs are likely to be met by proper placement in industry.
- C. Requiring Observation—Persons (other than children) whose defect is neither industrially nor socially a serious handicap and whose vision may or may not deteriorate.
- D. Children—All such children under the age of 16 as are referred to in paragraph 16 of Circular 150/48.

## CLASS A

## Persons Near and Prospectively Blind

			M.	F.	T.
Employed	...	...	1	—	1
Unemployed:					
Available for and					
capable of work	...		—	—	—
Not available for					
or capable of work			11	42	53
Total			12	42	54



## CLASS B

## Persons Mainly Industrially Handicapped:

	M.	F.	T.
Employed ... ..	1	5	6
Undergoing Training ...	1	—	1
Unemployed but			
Available for and cap- able of Training or			
Work ... ..	—	1	1
Not Available or Cap- able of Work ...	1	4	5
	—	—	—
Total	3	10	13
	—	—	—

## CLASS C

	M.	F.	T.
Persons requiring observation only	19	39	58

## CLASS D

## Children 5—16:

## Educable

At special schools ...	4	2	6
At other schools ...	2	3	5
Not at school ...	1	—	1
Ineducable ... ..	1	2	3
	—	—	—
Total	8	7	15
	—	—	—

## Children over 16:

Still at School ... ..	—	—	—
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## THE DEAF AND DUMB

The following report has been received from Miss Una Potter, B.A., B.D., S.Th., the County Missioner to the Deaf and Dumb, on the work of the Cornwall Association for the Deaf and Dumb.

**Register.** Numbers have remained around 150 during the year. This is about the usual proportion of one deaf person to 2,000 of the population. There have been 11 new registrations.

Men over 65	8	
16—65	41	working 34
		part-time work 1
		unemployed 2
		mental hospital 1
		hospital (part 3) 1
		incapable of work 2
Women over 60	19	
16—60	43	married 18
		working 8
		helping at home 7
		blind 1
		unable to work 9
Boys	19	
Girls	17	
	<hr/>	
TOTAL	147	
	<hr/>	

**Social Clubs.** It is important to provide suitable social life for the deaf. They cannot go to concerts or listen to the wireless at home. Darts, Billiards, Snooker and table tennis are played at the club. Parties and socials are arranged with games suitable for the deaf, to which they are encouraged to bring hearing friends. Beetle Drives and billiards and dart matches have also been arranged with hearing clubs, as well as among the deaf. Coach outings and boat trips have been arranged. Much of the organisation is in the hands of the deaf themselves.

**Religious services** are held at Camborne, St. Austell and Truro. The deaf cannot hear services in ordinary churches, and the born deaf have a limited vocabulary, which makes it essential to have services in the sign language as well as adapted for lipreading, and to have simple religious instruction and discussions of social and moral problems, continuing what has been learnt at school, but suitable for adults.

Average attendance at centres, for club and services: Camborne 12; St. Austell 12; Truro 5.

There are much larger attendances for parties, harvest festivals etc., when we make special arrangements for transport from Penzance, Helston and other districts where there are one or two deaf. A coach was hired to take them to the Rally of Cornish and Devon deaf at Plymouth (service, tea and boat trip), on the last Sunday in August.

**Employment.** Most of the deaf, available for and capable of employment, are in work. There were two unemployed at the end of the year, both men living in seaside towns. Many of the women live in districts

where there is no suitable paid employment. Some of these live on farms where they can help, others act as housekeepers to relatives. All children leaving school during the year have found employment.

**Visiting.** There are 11 deaf in hospitals and other institutions, and these have been regularly visited, as well as those who have spent short periods in hospital for sickness. These visits help the staff as well as the patients, as they help to solve many of the problems of the mentally sick and the lonely old people.

Deaf have been visited in their homes at the request of the National Assistance Board, Hospitals and other statutory and voluntary bodies. Routine visits are paid to all deaf who are unable to get to centres for clubs.

**Education.** At the request of the Education Committee of the County Council, one child was given temporary instruction while awaiting admission to a new school. One adult, who has had no education, is receiving instruction in speech, language and general knowledge.

**Interpreting.** The missioner has interpreted at the Magistrates' Court and Quarter Sessions, at the request of the police and Clerk of the Peace; at hospitals, and at funerals and other services.

**Hard of hearing** have been visited at the request of welfare officers, almoners and others, and advice given on obtaining hearing aids, lipreading or general problems of deafness.

#### \* OTHER CLASSES OF HANDICAPPED PERSONS

The Register of handicapped persons is being completed by the Social Welfare Worker, but as she commenced her duties only three weeks before the end of the year, the table given below is not complete. The figures for 1956 will be considerably higher, particularly in the section dealing with neuroses U/W. The classification used is that suggested by the Ministry of Health, and the number on the Register at the end of the year was as follows:—

Classification	Male			Female		
	16— 30	30— 50	Over 50	16— 30	30— 50	Over 50
A/E(1) Amputation ...	1	3	2	4	—	5
F(2) Arthritis & rheumatism	—	7	15	5	4	19
G(3) Congenital malformations and deformities ...	8	6	4	14	8	3
H/L(4) Diseases of the digestive and genito-urinary systems; of the heart or circulatory system; of the respiratory system; (other than T.B.); and of the skin ...	12	7	12	9	8	4
Q/T(5) Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than T.B.) of the upper and lower limbs and of the spine ...	7	4	3	5	7	2
V(6) Organic nervous diseases—						
epilepsy, disseminated ...	*6E	*2E	*1E	*28E	*2E	
sclerosis poliomyelitis, ...	*7S	*2S	*1S	*10S	*3S	*1S
hemiplegia, sciatica, etc. ...	14	22	10	21	28	8
U/W(7) Neuroses, psychoses and other nervous and mental disorders not included in V(6) ...	3	2	6	3	1	1
X(8) Tuberculosis (respiratory) ...	7	20	7	6	8	—
Y(9) Tuberculosis (non-respiratory) ...	9	6	2	6	4	4
Z(10) Diseases and injuries not specified above ...	5	2	5	3	1	3
Total	79	83	68	113	74	40
	230			227		

\* E—Epileptics S—Spastics.

### Epileptics and Spastics

The figures for persons suffering from Epilepsy and cerebral palsy (spastic), are indicated by the letters "E" and "S" in each age group.

Of the Spastics:—

- 4 children are in special schools;
- 15 adults are registered with the Cornwall Committee for the Care of Cripples, and are receiving occupational therapy;

9 are maintained by the County Welfare Sub-Committee at the end of 1955 in the following Colonies:—

			Males	Females
Chalfont	...	...	1	3
David Lewis	...	...	—	1
Lingfield	...	...	2	1
Meath Home	...	...	—	1

There are a few epileptics amongst the residents in the Residential Old Peoples' Homes in the County, some in the various hospitals, but the majority are still in their own homes. In connection with the epileptics who are at home, the Report of the Cornwall Committee for the Care of Cripples, shows the extent to which occupational therapy is being given to them.

The table of handicapped persons shows that there are 24 persons registered as suffering from cerebral palsy and, in addition, the School Health Department have a record of 32 spastic children. These children, while of school age, are the responsibility of the School Health Department, but when they reach school-leaving age their files are passed to the Welfare Section. The principal difficulty, as mentioned earlier in this Report in relation to handicapped persons generally, is to find suitable employment or occupation. They require special consideration and sympathetic understanding. A time of financial stringency is perhaps the wrong time to talk of light industry and "sheltered workshops", but the problem will not adequately be dealt with until special provision is made for the training and employment of those who are so seriously handicapped that they cannot compete in the industrial field with others who have the full use of their limbs and faculties.

#### **Report of the Cornwall Committee for the Care of Cripples**

Detailed arrangements in connection with the provision of a home teaching service for home-bound disabled persons, responsibility for which has been delegated to the Committee by the Cornwall County Council, were outlined in the last report. They remain substantially unchanged.

Difficulties arose during the early months of the period through shortage of staff, and at one time only one occupational therapist was in post against a complement of three. By September, however, all vacancies had been filled, and from that date a fully efficient service has been in operation.

Careful consideration has been given to the problem of travelling, which is created by the widely scattered distribution of the cases to be visited. There is no large concentration anywhere; they are spread over the County from Land's End to Bude. To enable a normal programme of two visits to each patient each month to be carried out, the County has been divided into three occupational therapy areas and each area into daily routes. This arrangement ensures the utmost economy in time and travelling but, nevertheless, the average mileage which one visit entails is upwards of six.

Sale of craftwork remains a constant problem, as the patient must always be trained to do work which is most suitable to his or her condition, irrespec-



tive of whether there is a market for the goods or not. The help received from voluntary sources to promote sales, is a most valuable feature of the organisation.

Sale of materials and craftwork during the Committee's Financial Year which ended 31.3.56, amounted to £1,045.14s.1d., an increase over the previous year of £195.1s.8d.

The number of patients receiving treatment on 31.12.55, was eleven fewer than on 31.12.54. The figures for new cases, cases closed and visits were also slightly down, but some slowing down of activity was to be expected in view of the staff shortage already mentioned. The decrease in the number of patients under treatment is not significant as fluctuations are normal.

Total visits	...	...	3,738
New Cases	...	...	64
Cases Closed	...	...	75

Number of patients on the Register at 31.12.55:—

Male	...	119
Female	...	105
Total	...	224

#### Appendix to Report by the Cornwall Committee for the Care of Cripples Classification and Grouping of Patients

Classification	Male	Female
A/E—Amputation ... ..	4	1
F—Arthritis and rheumatism ... ..	15	16
G—Congenital malformations and deformities ...	7	11
H/L—Diseases of the digestive and genito-urinary systems, of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin ...	15	6
Q/T—Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine ... ..	17	12
V—Organic nervous diseases — epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	25	40
Epileptics ... ..	1	1
Spastics ... ..	6	9
U/W—Neuroses, psychoses and other nervous and mental disorders not included in V. ... ..	8	4
X—Tuberculosis (respiratory) ... ..	24	7
Y—Tuberculosis (non respiratory) ... ..	—	2
Z—Diseases and injuries not specified above ... ..	4	6
	<hr/> 119	<hr/> 105

## Degree of Handicap

Classification	Male	Female
A—Handicapped persons (other than children) who though possibly needing training for some new occupation are capable of work under ordinary industrial conditions     ...     ...     ...     ...     ...     ...	—	—
B—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops     ...     ...     ...     ...     ...	9	3
C—Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home     ...     ...     ...     ...     ...     ...	108	96
D—Handicapped persons (other than children) who are incapable of or not available for work     ...     ...	2	6
E—Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under section 29 of the Act     ...     ...     ...     ...     ...     ...	—	—
	119	105

## Age Grouping

Under 16 years	...	...	...	...	...	—	—
16 to 30	...	...	...	...	...	15	24
31 to 50	...	...	...	...	...	52	47
Over 50	...	...	...	...	...	52	34
						119	105

## LABORATORY FACILITIES

Dr. F. D. M. Hocking at the Royal Cornwall Infirmary, Truro, Pathological Department, continues to carry out the chemical analysis of water, sewage effluent samples, etc., which is beyond the scope of the free service provided by the Public Health Laboratory Service.

Specimens of water and food, etc., are sent to the Laboratory of the Public Analyst.

## INSPECTION AND SUPERVISION OF FOOD

### REPORT OF CHIEF INSPECTOR UNDER THE FOOD AND DRUGS ACT, 1955

The County Council is the Food and Drugs Authority for the whole of the County.

During the year 2,782 samples were obtained of various foods for examination and analysis for compositional quality and the presence of injurious or deleterious ingredients.

Of the 608 samples which were submitted to the Public Analyst for a complete analysis, 45 samples were reported on adversely, 33 of which were milk, 9 ice-cream, and one each of soft drinks, cooking fat, and spirits.

Eleven people were prosecuted in respect of 24 offences, which included milk with added water, ice-cream deficient in fat and adulterated whisky.

The adulteration of milk with water is an evil which falls into two categories. It first conjures up fraudulent practice which results in a very inferior commodity sold by retail, and therefore, directly affecting babies, children and old people. This, however, is fast diminishing, and there was only one prosecution during the year. The second type of adulteration is that where water is found in milk being sent to a milk factory. This does not directly concern the consumer because of the bulking of the produce from hundreds of farms at the milk factory. This does not absolve the farmer from his offence, neither does it lessen the right to protection to which the factory owner, as a purchaser, is entitled. Three farmers were prosecuted for this offence, and heavy penalties were imposed.

The Milk (Special Designations) (Specified Areas) (No. 2) Order, 1955, which applies to roughly half of the County, will play a considerable part in further diminishing the adulteration of milk sold by retail.

Table of Samples Taken:—

Name of Sample	Number Obtained	Reported on adversely by Public Analyst
Milk ...	2,162	33
Milk Products ...	87	
Soft Drinks ...	35	1
Sugar and Sugar confectionery ...	74	
Flour and flour confectionery ...	44	
Preserves ...	40	
Ground Almonds ...	13	
Honey ...	10	
Cooking Fat ...	40	1
Vinegar ...	11	
Meat and Fish Products ...	70	
Flavouring and Seasoning ...	24	
Canned Fruit and Dried Vegetables	42	
Ice Cream ...	68	9
Tea, coffee and cocoa ...	19	
Soup and sauces ...	8	
Spirits and Beers ...	17	1
Miscellaneous ...	18	
Total ...	<u>2,782</u>	<u>45</u>

The Food and Drugs Act, 1938 prohibited the sale of margarine which contained more than ten per cent of butterfat, but since the return of margarine as such, a commodity appeared which was described as margarine with 25 per cent fresh dairy cream, and the Public Analyst considered that this latter statement was misleading. The manufacturers were persuaded to make the proper declaration, i.e. made with cream equal to ten per cent butter.

Under new legislation, the declaration of cream in margarine is prohibited.

That the palatability of a food stuff such as ice-cream, has little or no relation to compositional quality, was instanced by a complaint that the ice-cream being sold by a manufacturer whose produce enjoyed a considerable popularity, being upheld by the Public Analyst, who found a deficiency in fat content to the extent of 32 per cent. This and other examples ranging from a deficiency of 33 per cent to 92 per cent resulted in proceedings and the offenders convicted.

Comminuted orange drinks are very popular and are being handled by the Dairy Companies, so that the orange juice is delivered with the milk. This was regularly sampled as each new variety made its appearance. All the samples were reported by the Public Analyst to be genuine.

Another commodity which appeared on the market was flavoured milk. This is, in fact, milk which has been pasteurised or sterilised to which a small quantity of fruit cordial has been added. The cost of this article does not appear to make it very popular.



Milk has been the article which received the most attention, 2,162 samples being obtained. This number includes 203 samples of school milk submitted to us for informal departmental examination by the County Sanitary Officer. When any of these informal samples show a deficiency of any kind, the matter is followed up by taking formal samples at the schools.

Three farmers were prosecuted in respect of adulterated milk which was being sent to milk factories. Usually this kind of offence is detected following a complaint from the factory, which shows that the adulteration has been going on for some time. In addition, it is our practice to take a sample when the milk arrives at the factory and to follow this by a sample the following morning at the farm collecting point. In all three cases the milk was adulterated on both days. All the farmers were convicted, and fines totalling £62.0s.0d. and £32.16s.1d. costs were imposed.

Two producer retailers were prosecuted for selling milk which was deficient in fat, and were ordered to pay a total of £17.1s.0d. This kind of offence is fast disappearing, as more small retailers are being supplied with their milk from one of the large Dairies.

It is getting much rarer to discover the kind of adulteration of milk where householders are being penalised, but one such case was reported during the year, and the milk being retailed in the street contained 15 per cent of added water. A sample taken at the farm the following morning when the cows were milked was genuine. The farmer then made an unusual request and asked for another sample to be taken the following day when his cowman would be present, as he normally dealt with the business of milking. We agreed to do this, and after the milking on the second day, a further sample was taken, and this also contained water. The cowman denied that he had put any water in the milk. At the hearing the Magistrates decided that the cowman was the culprit, and he was fined £4.0s.0d. and £1.0s.0d. costs.

Liquid commodities are naturally easy to adulterate, and it is not surprising to find on occasion that water has been added to spirits. Proceedings were instituted in one such case, and the licensee of the hotel said that he had accommodated a guest on his premises who had access at all times to the bar and must have added the water. The licensee was fined £10.0s.0d. and ordered to pay £4.19s.0d. costs.

From time to time complaints are received regarding the contamination of food containers, such as milk bottles, by all sorts of foreign matter. But it is unusual to receive a complaint where a food stuff, which was contaminated, was actually consumed with very unpleasant results to the purchaser. One such complaint was in regard to a bottle of Limeade manufactured by a large firm and which had made the members of a family feel ill for a number of hours. The Limeade was contaminated with some kind of disinfectant. It is obvious to anyone that containers which are to be re-used for containing food, should not be used for other commodities, but it is the constant com-



plaint of manufacturers, that their containers are returned after being used for turpentine, linseed oil, lubricating oil and even paint. This was the first prosecution against this firm in Cornwall, although there were previous convictions in other parts of the country. They were granted an absolute discharge on the payment of £1.17s.6d. costs.

A new Food and Drugs Act came into operation on the 1st January, 1956. This Act is a consolidating measure, the major ingredients of which are the Food and Drugs Act, 1938; the Food and Drugs (Milk Dairies and Artificial Cream) Acts, 1950; and the Food and Drugs (Amendment) Act, 1954. The Acts, of 1938 and 1950 had received much amendment, and a large number of high court decisions have been included or clarified in the new legislation.

In the last quarter of the year too, there came into force the Milk (Special Designations) (Specified Areas) (No. 2) Order which declared approximately half of the County to be an area in which only tuberculin tested, pasteurised or sterilised milk can be sold to retail purchasers. Similar Orders in other parts of the country have greatly diminished the likelihood of retail purchasers receiving adulterated milk. Although the Order has not been in force very long and will need some enforcement, I venture the opinion that when other areas of the County become specified areas, the possibility of householders purchasing adulterated milk will practically disappear altogether.

## SANITARY CIRCUMSTANCES

### REPORT OF THE COUNTY SANITARY OFFICER

The following is a summary of the work carried out during the year:—

Pasteurising plants and other dairy premises inspected	248
Visits in relation to works of sewage disposal	... 35
Visits in relation to works of water supply	... 37
Visits to school premises	... 234
Samples of water submitted for analysis	... 230
Samples of Pasteurised Milk submitted for examination	229
Samples of School Milk submitted for examination	... 208
Samples of milk submitted for biological examination	8
Samples of School Milk submitted for analysis	... 205
Ministry Inquiries attended	... 9

### MILK — SPECIAL DESIGNATIONS

#### Pasteurised Milk

The County Council, as the Food & Drugs Authority, are the licensing authority for the granting of Dealers' (Pasteurisers') licences authorising the use of the special designation "Pasteurised" in relation to milk pasteurised on the premises of the applicant, and the responsibility for the taking of samples and the inspection of premises has been placed upon the licensing authority in order to ascertain if the conditions of the licence are being and will be complied with.

Licences have been granted in respect of eleven premises throughout the County for the pasteurisation of milk; one new licence having been granted during the year and one dairy having ceased to pasteurise milk.

There are no premises in the county licensed for the sterilisation of milk.

Of these plants, the methods, adopted for pasteurising the milk are, six by High Temperature Short Time (H.T.S.T.) process in which the milk is retained at a temperature of not less than 161° Fah. for at least 15 seconds and immediately cooled to a temperature of not more than 50° Fah. and five by the Positive Holder process in which the milk is retained at a temperature of not less than 145° Fah. and not more than 150° Fah. for at least 30 minutes and immediately cooled to a temperature of not more than 50° Fah.

During the year, 248 inspections of these dairies were made and 229 samples of pasteurised milk taken and submitted for Phosphatase and Methylene Blue examination with the following results:—

No. of Samples	Phosphatase Test		Methylene Blue Test		Failing Both Tests
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
229	219	10	219	10	1

Of the above samples which failed 14 were taken in the course of tracing trouble in two of the pasteurising plants.

Eighty samples of Pasteurised Milk were also submitted for plate count and B. coli and 9 milk bottles and 3 churn rinsings, submitted for sterility tests.

Check tests of the accuracy or otherwise of the Indicating and Recording Thermometers have been made, and resulted in several thermometers having to be adjusted or replaced.

Unsatisfactory samples are followed up, and further samples taken after advice has been given on the possible cause of the failure of the sample to comply with the standard laid down. A report is made to the Area Milk Officer of the Ministry of Food, of any sample failing to comply with the test, and a monthly report on all samples is made to the Ministry.

The results of the examination of samples are furnished to the Managers of creameries and to the Medical Officers and Sanitary Inspectors of the district, in which the creameries are situated.

## BIOLOGICAL EXAMINATION OF MILK

During the year 8 samples of milk have been taken and submitted for biological examination as follows:—

From Bodmin Hospital Farm	...	...	...	4
From Schools and Canteens	...	...	...	2
From other sources of supply	...	...	...	2
				<hr/>
				8
				<hr/>

The samples taken from Bodmin Hospital Farm were examined for *Brucella Abortus* as well as for Tuberculosis. All other samples for Tuberculosis only.

All samples proved to be free of tuberculous bacilli or brucella organisms.

### MILK IN SCHOOLS

The Ministry of Agriculture, Fisheries and Food and the Minister of Health, acting jointly, in exercise of the powers conferred on them by section twenty-three of the Food & Drugs (Milk, Dairies and Artificial Cream) Act, 1950, made an Order known as "The Milk (Special Designations) (Specified Areas) (No. 2) Order, 1955."

Under this Order the following area becomes a Specified Area:—

The Boroughs of Bodmin, Fowey, Liskeard,  
Lostwithiel and Saltash.  
The Urban Districts of Looe, Newquay, Padstow,  
St. Austell and Torpoint.  
The Rural Districts of Liskeard, St. Austell,  
St. Germans and Wadebridge.

This means that on and after the 6th December 1955, all dairymen retailing milk in any part of the area, must sell the Milk under special designation, irrespective of whether the premises from which the milk is retailed are inside or outside the area.

Any milk which is retailed outside the area from these same premises, must also be sold under special designation. This ensures that all schools within the area or any school outside the area, but being supplied by a dairyman supplying schools within the area, must be supplied with milk bearing a special designation such as "Pasteurised", "Tuberculin Tested" or "Sterilised".

Of the 389 schools or departments in the County 373 schools or 95.88% received Pasteurised Milk in one third pint bottles. One school received Pasteurised Milk in bulk. Six schools were supplied with Tuberculin Tested Milk in bottles and seven in bulk. One school received Ungraded Liquid Milk, and one school was supplied with Dried Milk. At the two latter schools it was not found possible to obtain other supplies.

The following Table shows the position at the end of the year:—

Grade of Milk	Bottled	Bulk	Total
Pasteurised	373	1	374
Tuberculin Tested	6	7	13
Ungraded (Liquid)	—	1	1
Dried Milk	—	1	1
	<hr/>	<hr/>	<hr/>
No. of schools	379	10	389
	<hr/>	<hr/>	<hr/>

The supply of milk to schools was carried out by fifty-eight (58) suppliers.

All sources of supply are regularly sampled for bacteriological examination and chemical analysis, two samples being taken at the same time, one of which is passed to the Food & Drugs Department.

Two samples of Ungraded Milk were taken and submitted for biological examination from the one school receiving this milk. Both samples proved to be free of tuberculous bacillus.

The following Table shows the results of samples taken during the year, and submitted for bacteriological examination:—

Grade of Milk	Satisfactory	Unsatisfactory	Total
Pasteurised	192	—	192
Tuberculin Tested	12	1	13
Ungraded	2	1	3
	—	—	—
All grades	206	2	208
	—	—	—

During the year 205 samples of school milk were taken by the County Sanitary Officer, and passed to the Food & Drugs Department for analysis. All these samples were found to be genuine.

#### WATER SUPPLIES IN SCHOOLS

Several schemes of public water supplies have been carried out during the year by local authorities and where practicable, schools have been connected to these mains supplies.

During the year 224 samples of water were taken from schools and submitted for bacteriological examination. These include 163 samples from mains supplies, and 61 samples from wells and other local sources.

Of the 224 samples taken 207 were satisfactory and 17 unsatisfactory. The unsatisfactory samples were taken from 14 schools, of which 5 were mains supplies and 9 from wells and other local sources.

The quality of the water at the schools has again showed some improvement as shown by the following Table:—

Year	Satisfactory	Unsatisfactory	Total
1955	207	17	224
1954	237	47	284
1953	123	49	172
1952	105	70	175
1951	133	55	188
1950	95	66	161

The Education Department is kept acquainted with schemes of water supply carried out by the local authorities and water undertakings, with a view to schools being connected to mains supplies, when these are available and where practicable.



The following works or precautions have been carried out during the year:—

Connected to mains	...	24
Proposed to be connected to mains	...	17
Mains extended to wash-basins, etc.	...	9
Alternative sources of supply being sought	...	3
Wells repaired structurally	...	1
Pumps replaced	...	2
Pumps repaired	...	3
Collecting chambers cleaned	...	12
Defective drains made good	...	6
Lead pipes replaced by more suitable pipes		
(lead in water)	...	1
Sinking of new wells under consideration	...	1

#### ICE CREAM (HEAT TREATMENT) REGULATIONS, 1947

The responsibility of the registration and supervision of premises where ice cream is manufactured and sold, and the duty of taking samples was placed upon the district council and borough councils by the above Regulations, which came into operation on the 1st May, 1947.

The Food Standards (Ice Cream) Order 1953, prescribes that the ice cream should contain not less than 5% of fat; 10% sugar and 7½% of milk solids other than fat.

This Order is being administered by the Food & Drugs Department of the County Council, and 63 samples have been taken during the year of which 54 were genuine and 9 were unsatisfactory. No action was taken.

The results of the samples examined for Methylene Blue are shown in the following Table:—

Local Authority	HOT MIX				COLD MIX				UNKNOWN				Total Samples	
	Grade				Grade				Grade					
	1	2	3	4	1	2	3	4	1	2	3	4		
Bodmin Borough	...	25	12	2	—	2	—	—	—	—	—	—	—	41
Falmouth Borough	...	23	—	—	—	4	—	—	—	—	—	—	—	27
Fowey Borough	...	2	1	—	—	1	1	—	—	1	—	—	—	6
Helston Borough	...	3	—	6	—	—	—	—	—	—	—	1	—	10
Launceston Borough	...	3	2	—	—	—	—	—	—	—	—	—	—	5
Liskeard Borough	...	—	1	—	—	9	2	—	—	—	—	—	—	12
Penzance Borough	...	23	10	9	—	—	—	—	—	—	—	—	—	42
Saltash Borough	...	7	2	2	—	—	—	—	—	—	—	—	—	11
St. Ives Borough	...	1	1	—	—	—	—	—	—	4	2	—	—	8
Truro City	...	7	1	—	—	—	1	—	—	—	—	—	—	9
Bude-Stratton U.D.	...	13	13	4	2	—	—	—	—	—	—	—	—	32
Caniborne-Redruth	...	35	4	1	—	4	3	—	—	9	2	—	—	58
Looe U.D.	...	35	6	14	4	—	—	—	—	—	—	1	—	60
Newquay U.D.	...	33	9	9	—	—	—	—	—	—	—	—	—	51
St. Austell U.D.	...	29	10	3	2	—	1	—	—	—	—	—	—	45
Torpoint U.D.	...	23	2	6	2	—	—	—	—	—	—	—	—	33
Kerrier R.D.	...	52	3	2	—	—	—	—	—	—	—	—	—	57
Liskeard R.D.	...	—	—	—	—	—	—	—	—	61	12	5	2	80
Truro R.D.	...	4	5	—	—	2	3	—	—	—	—	—	—	14
Totals	...	318	82	58	10	22	11	—	—	75	16	7	2	601



## INQUIRIES BY THE MINISTRY OF HOUSING AND LOCAL GOVERNMENT

The following Inquiries held by the Ministry of Housing and Local Government were attended during the year:—

### **Looe Urban District**

13th January, 1955—at the Guildhall, Looe, in respect of the East Cliff Sewerage and Sewage Disposal Scheme.

### **Truro Rural District**

22nd February, 1955—at the Rural District Council Offices, Truro, into the progress of the scheme of sewerage and sewage disposal at Blackwater.

31st May, 1955—at the Rural District Council Offices, Truro, into the Chacewater and District Water Scheme.

### **Liskeard Rural District**

23rd March, 1955—at the Rural District Council Offices, Liskeard, into the following schemes of sewerage and sewage disposal:—

- (a) Dobwalls
- (b) Lanreath
- (c) Tredinnick
- (d) Menheniot
- (e) Duloe

8th December, 1955—at the Jubilee Hall, Mount, into the proposal of the Rural District Council, to establish a water supply for the villages of Mount and Warleggan.

### **West Penwith Rural District**

22nd March, 1955—at the Rural District Council Offices, Penzance, into the proposal of the Rural District Council to replace the water mains at Hayle.

### **Stratton Rural District**

17th May, 1955—at the Rural District Council Offices, Bude, in respect of the scheme of sewerage and sewage disposal for St. Gennys and Crackington Haven.

### **Camelford Rural District**

17th May, 1955—the Rural District Council Offices, Camelford, into the Rural District Council Scheme of sewerage and sewage disposal for Treknow.

### **Kerrier Rural District**

2nd June, 1955—at the Rural District Council Offices, Helston, into the following schemes:—

- (a) The Lizard Water Scheme
- (b) Mabe Sewerage and Sewage Disposal Scheme

### Truro Water Company

16th August, 1955—at the Company's office, 100, Pydar Street, Truro, into the Truro Water Order of the Truro Water Company, for authority to extract water from the Tresillian River to supplement the existing supplies to the Company's works at Tresillian.

### RIVERS POLLUTION PREVENTION

The responsibility of the County Council for the administration of the above Acts, was passed to the Cornwall River Board under the River Boards Act, 1948, but following an application by the Cornwall River Board, the County Council approved the formal seconding of the County Sanitary Officer and the Assistant County Sanitary Officer to the River Board, for such proportion of their time as may, in practice, be found to be necessary to carry out the obligations of the Board, in respect of the prevention of pollution under the Rivers (Prevention of Pollution) Act, 1951-

The following is a summary of the works carried out for the year ended 31st December, 1955:—

Visits to works of sewage disposal	...	102
Visits to industrial plants	...	375
Inspections of outfalls to rivers	...	30
Samples of sewage effluent submitted for examination		76
Samples of river water and trade wastes submitted for examination	...	329
Plans of proposed works reported upon	...	23
Ministry of Housing and Local Government Inquiries attended	...	8

### WATER SUPPLIES

The County at the present time is being served by 33 statutory and 2 non-statutory water undertakers as follows:—

#### Statutory Undertakers

- (a) Three Boroughs and Urban Districts with limits of supply greater than the Local Government area:—  
Falmouth (Borough); Liskeard (Borough); and Bude-Stratton (U.D.)
- (b) Three Joint Water Boards with statutory powers:—  
South East Cornwall Water Board, North Cornwall Joint Water Board, and Liskeard and District Water Board.
- (c) Five companies with statutory powers:—  
Bodmin Water Works Company; Camborne Water Company; Helston & Porthleven Water Company; Newquay and District Water Company; Truro Water Company.
- (d) Six Boroughs operating under Public Health Acts:—  
Fowey; Launceston; Lostwithiel; Penzance; St. Ives and Saltash.

(e) Six Urban Districts operating under Public Health Acts:—  
 Camborne-Redruth (Redruth and St. Day and Lanner Wards only); Looe; Padstow; St. Austell; St. Just and Torpoint.

(f) Ten Rural Districts:—

Camelford; Kerrier; Launceston; Liskeard; St. Austell; St. Germans; Stratton; Truro; Wadebridge and West Penwith.

### Non-Statutory Undertakers

Two Companies:—

Kelly Bray and District Water Company; Widemouth Water Supply Company.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 116 schemes of water supplies, submitted by local authorities and other water undertakings for the County Council's observations, the total estimated cost of these being £5,207,820 and 86 schemes estimated to cost £2,394,718 had been completed, or the works were in progress at the end of December, 1955.

In accordance with the Rural Water Supplies & Sewerage Act, 1955, grants to councils of county districts by the Ministry of Housing & Local Government, will normally be paid by periodical payments towards revenue expenditure, except grants which on a capital basis would not exceed £2,000 where the payment by lump sum will continue.

The County Council decided that in future annual grants made by them towards the cost of Water and Sewerage Schemes, be calculated at the same rates of interest and in the same manner as grants made by the Ministry of Housing and Local Government, and in cases where the Ministry made a lump sum grant, the County Council will also make a lump sum grant.

The following grants have been approved:—

	By Ministry		By County Council	
	No.	Grant £	No.	Grant £
1. Lump sum grants	60	868,260	9	110,376
2. Per annum for 35 years	—	—	1	1,794
3. Per annum for 30 years	1	240	37	17,920
4. Per annum for 12 years	1	137	5	1,701
5. Per half-year for 30 years	3	1,180	—	—

Schemes of water supply submitted and approved during the year:—

Local Authority	Scheme	Estimated Cost
		£
Saltash Borough	Trematon Scheme Phase II	9,766
Camborne-Redruth U.D.	North Downs—Radnor	5,588
	Re-organization of existing services	215,040
St. Just U.D.	Pendeen and Boscaswell	16,500
Kerrier R.D.	Porthallow Extension	14,000
	Mullion	13,000
St. Germans	Blunts—Landrake	5,700
Total Estimated Cost		£279,594

Schemes of water supply completed or substantially in hand at the end of the year:—

Local Authority	Scheme	Estimated Cost
		£
Camelford R.D.	Camelford Reservoir and Treatment Plant	5,766
Kerrier R.D.	Grade Ruan and Landewednack	69,100
	Leedstown, Townshend	22,547
	Mullion	3,000
Launceston R.D.	Holmbush, Downgate	2,520
Liskeard R.D.	Regional Scheme	656,380
St. Germans R.D.	Callington	1,270
Stratton R.D.	Week St. Mary	10,919
Truro R.D.	Chacewater	141,300
Wadebridge R.D.	De Lank	470,927
West Penwith R.D.	St. Erth	13,130
Total Estimated Cost		£1,396,859

## SEWERAGE AND SEWAGE DISPOSAL

The methods of disposal of sewage vary widely in different districts, particularly having regard to their geographical situation. Those districts near the sea or abutting on to tidal rivers favour sea outfalls or outfalls into tidal waters, in many instances without any preliminary treatment.

There are 73 plants in the County where complete treatment is being carried out. Of these 4 have come into operation during the year. There are 153 known outfalls into the sea, tidal and non-tidal rivers, without any treatment being carried out.

Since the coming into operation of the Rural Water Supplies and Sewerage Act, 1944, there have been 101 schemes of sewerage and sewage disposal, submitted by the local authorities for the County Council's observations. The total estimated cost of these being £1,520,315 of which 41 schemes, estimated to cost £513,605, had been completed or were in progress at the end of December, 1955.

The following grants have been approved in respect of schemes of sewerage and sewage disposal:—

	By Ministry		By County Council	
	No.	Grant	No.	Grant
		£		£
1. Lump sum grants	17	87,000	1	1,850
2. Per annum for 30 years	5	2,070	20	6,309
3. Per half-year for 30 years	5	981	—	—

Schemes of sewerage and sewage disposal submitted and approved during the year:—

Local Authority	Scheme	Estimated Cost
		£
Launceston Borough	Borough Scheme	20,000
Penzance Borough	Paul and Mousehole	5,875
St. Just U.D.	St. Just and Tregeseal	21,150
Kerrier R.D.	Constantine and Brillwater	55,000
St. Austell R.D.	St. Dennis	8,100
St. Germans R.D.	Callington, Kelly Bray	24,982
Truro R.D.	Kea, Playing Place	14,029
	Newlyn East	26,710
Wadebridge R.D.	Blisland	4,841
Total Estimated Cost		£180,687

Schemes of sewerage and sewage disposal completed or substantially in hand at the end of the year:—

Local Authority	Scheme	Estimated Cost
		£
Penzance Borough	Paul and Mousehole	5,875
Camelford R.D.	Treknow	12,153
Kerrier R.D.	Praze-an-Beeble	20,600
Stratton R.D.	Week St. Mary	12,713
Truro R.D.	Blackwater	10,928
West Penwith R.D.	Sennen	5,160
	Goldsithney and Perranuthnoe	35,347
Total Estimated Cost		£102,776



## 101

\* Includes £4,176 towards the sinking of Trial Holes  
† Plus a Grant of £137.10s.0d. P.A. for 12 years

Of the 116 schemes of water supply submitted at a total cost of £5,207,820, 86 schemes, estimated to cost £2,394,718 had been completed or were in progress at the end of December, 1955.

Of the 101 schemes of sewerage and sewage disposal submitted at a total cost of £1,520,315, 41 schemes estimated to cost £513,605 had been completed or were in progress at the end of December, 1955.

In a number of cases where the Ministry have paid part of a lump sum Grant, local authorities have been informed that the remainder will be paid by annual or half-yearly instalments and all future grants exceeding £2,000 will be paid by instalments.

## GRANTS TO LOCAL AUTHORITIES FOR SCHEMES OF WATER SUPPLY

## SUMMARY

The following Table summarizes the grants approved by the Ministry and by the County Council to the respective local authorities in respect of schemes of Water Supply to the end of December, 1955.

Local Authority	SCHEMES SUBMITTED AND APPROVED FOR GRANT	GRANTS TOWARDS SCHEMES APPROVED						
		BY MINISTRY		BY COUNTY COUNCIL				
		Lump Sum Grants	P.A. for 30 years	Per half Year for 30 years	Lump Sum Grants	P.A. for 35 years	P.A. for 30 years	P.A. for 12 years
Fowey Borough	1	14,000	—	—	9,333	—	—	—
Lostwithiel Borough	1	1,500	—	—	750	—	—	—
Camborne U.D.C.	2	7,460	—	—	—	—	—	—
St. Austell U.D.C.	1	50,000	—	—	25,000	—	—	—
St. Just U.D.C.	1	—	240	—	—	—	—	—
Camelford R.D.C.	6	11,980	—	—	—	—	310	—
Kerrier R.D.C.	9	121,500	—	90	—	—	5,194	436
Launceston R.D.C.	4	7,800	—	—	2,029	—	279	—
Liskeard R.D.C.	3	250,500	—	215	—	1,794	574	—
St. Austell R.D.C.	7	93,200	—	—	55,000	—	1,409	92
St. Germans R.D.C.	5	693	—	23	693	—	46	—
Stratton R.D.C.	2	800	—	130	—	—	299	—
Truro R.D.C.	11	87,290	—	—	1,250	—	4,517	562
Wadebridge R.D.C.	1	37,500	—	1,119	—	—	4,315	—
West Penwith R.D.C.	5	139,500	—	—	—	—	89	608
N. Cornwall Joint Water Board	4	15,050	—	101	—	—	995	—
Totals	63	£838,773	£240*	£1,678	£94,055†	£1,794	£18,027	£1,698

† Plus £4,176 towards the sinking of Trial Holes

\* Plus £137 10s.0d. P.A. for 12 years

# GRANTS TO LOCAL AUTHORITIES FOR SCHEMES OF SEWERAGE AND SEWAGE DISPOSAL

## SUMMARY

Since the coming into operation of the Water Supplies and Sewerage Act, 1944, no grants have been approved by the Ministry in respect of schemes of sewerage and sewage disposal for Boroughs or Urban Districts within the County.

The following Table summarizes the grants approved by the Ministry and by the County Council in respect of Rural Districts:—

LOCAL AUTHORITY	GRANTS TOWARDS SCHEMES APPROVED							
	SCHEMES SUBMITTED AND APPROVED FOR GRANT	BY MINISTRY			BY COUNTY COUNCIL			
		No.	Est. Cost	Lump Sum Grants	Per annum for 30 years	Per Half-year for 30 years	Lump Sum Grants	Per annum for 30 years
Camelford	R.D.C.	7	128,280	33,000	—	362	—	1,575
Kerrier	"	1	20,600	3,000	—	87	—	345
Launceston	"	2	23,600	—	220	116	—	223
Liskeard	"	7	77,775	18,100	1,010	—	—	953
St. Austell	"	1	32,700	—	630	—	—	630
St. Germans	"	3	14,958	1,155	—	37	1,115	74
Stratton	"	3	38,147	11,000	—	145	—	923
Truro	"	4	53,753	9,000	200	150	—	430
Wadebridge	"	—	—	—	—	—	—	—
West Penwith	"	4	67,117	9,300	—	339	—	1,109
Totals	...	32	£456,930	£84,555	£2,060	£1,236	£1,115	£6,262

## HOUSING ACT, 1936

## HOUSING REPAIRS AND RENTS ACT, 1954, SECTION I

The Housing Repairs and Rents Act, 1954, requires local authorities to submit for the Minister's approval, proposals for dealing in one way or another, with the houses in their area which appear to them to be unfit for human habitation and liable to demolition. These proposals to be submitted in such form as the Minister may require; the form suggested makes it clear that the Minister does not expect more than an estimate of the total number of unfit houses in the local authority's area, and of the period the Council think they will need to secure the demolition of all these houses, together with the Council's programme of action in relation to these houses during the next five years.

The following Table gives details of the figures furnished to the Ministry by the respective local authorities in the County of Cornwall, under the following numbered headings:—

**PART 1 The total problem**

(i) Estimated number of houses unfit for human habitation within the meaning of Section 9 of the Housing Repairs & Rents Act, 1954, and suitable for action under Section II or Section 25 of the Housing Act, 1936.

(ii) Period in years which the Council think necessary for securing the demolition of all the houses in (i).

**PART 2. Orders already made, etc.**

(iii) Number of houses in (i) in clearance areas and already covered by operative clearance, or compulsory purchase orders or owned by the local authority.

(iv) Number of houses which are already in clearance areas, and for which clearance or compulsory purchase orders have been submitted to the Minister, but have not yet become operative.

**PART 3. Action in the first five years**

(v) Number of houses which are already in clearance areas, and for which clearance or compulsory purchase orders are to be made or which are to be purchased by agreement within the five years.

(vi) Number of houses which are to be included in clearance areas still to be declared, and which within the five years will be owned by the local authority, or will have been included in a clearance order or a compulsory purchase order submitted to the Minister.

(vii) Number of houses under (iii), (iv), (v) and (vi) to be patched (if necessary) and retained within the five years under Section 2 of the Housing Repairs & Rents Act, 1954, for temporary accommodation.

(viii) Number of houses under (iii), (iv), (v) and (vi) to be demolished in the five years.

(ix) Number of houses (including those already comprised in operative demolition orders) to be demolished in the five years as a result of action under Section 11 of the Housing Act, 1936.

Local Authority	PART 1		PART 2		PART 3				
	Total problem		Orders already made		Action in First five years				
	I	II	III	IV	V	VI	VII	VIII	IX
<b>BOROUGHGS</b>									
Bodmin ...	182	15	15	—	43	—	43	58	10
Falmouth ...	110	4	—	—	—	98	—	—	12
Fowey ...	9	5	8	—	—	—	—	—	9
Helston ...	79	10	—	—	—	47	—	47	—
Launceston ...	128	10	—	—	—	45	—	45	5
Liskeard ...	170	5	—	—	—	140	—	—	30
Lostwithiel ...	60	5	18	—	—	41	—	59	1
Penryn ...	104	5	—	—	—	81	—	81	23
Penzance ...	257	10	17	—	—	122	—	129	67
St. Ives ...	64	5	—	—	—	58	—	58	6
Saltash ...	135	5	—	—	—	112	—	112	23
Truro City ...	429	10	—	—	—	218	—	218	10
<b>URBAN DISTRICTS</b>									
Bude-Stratton ...	56	25	—	—	—	—	—	—	—
Camborne-Redruth ...	232	10	—	8	—	96	—	104	59
Looe ...	9	5	—	—	—	—	—	—	9
Newquay ...	1	1	—	—	—	—	—	—	1
Padstow ...	100	10	2	—	—	40	20	22	10
St. Austell ...	400	10	57	—	16	127	—	200	14
St. Just ...	120	10	—	—	—	50	—	50	20
Torpoint ...	44	5	11	11	11	3	—	—	41
<b>RURAL DISTRICTS</b>									
Cannelford ...	155	15	—	—	—	35	—	35	15
Kerrier ...	2000	50	—	—	—	150	—	150	50
Launceston ...	85	5	—	—	—	14	—	85	71
Liskeard ...	112	5	—	—	—	112	—	—	—
St. Austell ...	212	5	—	—	—	12	—	12	200
St. Germans ...	265	10	8	—	—	—	—	8	158
Stratton ...	60	10	—	—	—	—	—	—	40
Truro ...	800	20	—	—	—	160	—	160	85
Wadebridge ...	427	10	—	—	—	167	30	167	20
West Penwith ...	384	10	—	—	—	98	—	98	50





TABLE I.

Estimated Population and Total Number of Births and Deaths in each County District during the year 1955.

AREA IN ACRES.	COUNTY DISTRICT	ESTI- MATED HOME POP- ULATION 1955	LIVE BIRTHS.								Stillbirths.	DEATHS.								
			Legiti- mate		Illegiti- mate		Total.	Rate.	District Comparability Factor	Under 1 Year.				At all Ages						
			Males	Females	Males	Females				Males		Females	Total.	Rate per 1,000 live births	Males	Females	Total	Rate.	District Compara- bility Factor	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
URBAN.																				
3,312	Bodmin	5,300	43	46	..	2	91	14.44	1.16	3	1	..	1	10.99	86	105	191	30.32	0.73	
4,294	Bude-Stratton	5,150	29	23	1	2	55	10.68	1.12	2	1	..	1	18.18	44	38	82	15.92	0.68	
22,062	Redruth	35,410	206	253	19	9	487	13.75	1.01	19	5	10	15	30.80	222	265	487	13.75	0.87	
1,880	Falmouth	16,490	105	117	11	3	236	14.31	1.08	7	1	1	2	8.47	108	117	225	13.64	0.87	
2,979	Fowey	2,320	5	9	..	1	15	6.47	1.07	..	..	..	..	..	13	15	28	12.07	0.79	
4,014	Helston	5,830	61	70	3	..	134	22.98	0.94	2	4	2	6	44.78	68	49	117	20.08	0.77	
2,182	Launceston	4,670	25	34	..	..	59	12.63	1.07	2	1	1	1	16.95	30	55	85	18.20	0.70	
2,704	Liskeard	4,350	25	19	..	1	45	10.34	1.11	1	1	..	1	22.22	61	51	112	25.75	0.62	
1,691	Looe	3,710	20	22	1	1	44	11.86	1.16	..	..	..	..	..	29	25	54	14.56	0.71	
3,156	Lostwithiel	2,020	10	12	1	1	23	11.39	1.09	..	1	..	1	43.48	15	15	30	14.85	0.65	
4,599	Newquay	10,020	67	52	2	3	124	12.38	1.05	3	1	2	3	24.19	80	89	169	16.87	0.70	
3,343	Padstow	2,890	26	13	..	..	39	13.49	0.97	1	..	..	..	..	14	16	30	16.38	0.77	
829	Penryn	4,270	41	48	3	5	97	22.72	0.95	2	2	2	4	41.24	24	25	49	11.47	1.05	
3,155	Penzance	19,980	121	98	8	5	232	11.61	1.09	7	1	3	4	17.24	142	143	285	14.26	0.78	
8,379	St. Austell	23,490	140	137	3	5	285	12.13	1.10	11	7	3	10	35.09	162	187	349	14.86	0.78	
4,287	St. Ives	8,550	50	37	2	2	91	10.64	1.08	6	2	..	2	21.98	59	63	122	14.27	0.69	
7,634	St. Just	4,020	20	25	..	3	48	11.94	1.14	1	1	1	2	40.82	23	25	48	11.94	0.81	
5,335	Saltash	7,460	49	53	2	3	107	14.34	1.04	3	..	1	1	9.35	51	46	97	13.00	0.78	
975	Torpoint	6,210	31	22	1	1	55	8.86	1.26	1	1	1	2	36.36	23	25	48	7.73	1.40	
2,634	Truro City	13,460	80	88	7	1	176	13.08	0.99	5	5	1	6	34.09	85	105	190	14.12	0.86	
99,444	TOTALS	186,600	1154	1178	63	48	2,443	13.09	1.06	76	34	28	62	25.38	1,339	1,459	2,798	14.99	0.80	
RURAL.																				
52,544	Camelford	7,340	42	44	1	1	88	11.92	1.14	1	3	..	3	34.09	51	50	101	13.76	0.83	
90,839	Kerrier	22,200	139	114	7	5	265	11.94	1.07	17	7	3	10	37.74	120	112	232	10.45	0.91	
73,051	Launceston	6,450	35	42	2	3	82	12.71	1.13	..	1	..	1	12.20	46	33	79	12.25	0.81	
104,803	Liskeard	14,030	82	90	3	3	178	12.69	1.14	4	5	2	7	39.33	77	79	156	11.12	0.79	
82,389	St. Austell	21,800	134	133	9	5	281	12.89	1.05	6	2	3	5	17.79	134	99	233	10.69	0.91	
48,433	St. Germans	15,860	106	98	3	..	207	13.05	1.18	5	3	2	5	24.15	99	114	213	13.43	0.83	
56,285	Stratton	5,320	37	32	..	2	71	13.34	1.31	2	1	2	3	42.25	36	41	77	14.47	0.99	
108,316	Truro	26,760	154	142	10	16	322	12.03	1.13	9	8	1	9	27.95	193	176	369	13.79	0.76	
88,230	Wadebridge	15,860	107	124	9	..	240	15.13	1.08	3	5	..	5	20.83	98	86	184	11.60	0.90	
59,792	West Penwith	17,540	110	123	6	6	245	13.97	1.06	8	7	1	8	32.65	111	121	232	13.23	0.83	
764,682	TOTALS	153,160	946	942	50	41	1,979	12.93	1.11	55	42	14	56	28.30	965	911	1,876	12.25	0.85	
864,126	Whole County	339,760	2100	2120	113	89	4,422	13.02	1.08	131	76	42	118	26.69	2,304	2,370	4,674	13.76	0.82	
4,041	Scilly Isles	1,840	11	18	1	1	31	16.85	0.94	1	..	..	..	..	11	10	21	11.41	1.00	

Birth and Death rates calculated per 1,000 of the population.

Comparability factors are given for the purpose of securing comparability between local birth and death rates and those for England and Wales.



Estimated Population and Total Number of Births and Deaths in Cornwall (Excluding Scilly Isles) During Recent Years.

YEAR	ESTI- MATED POPU- LATION	LIVE BIRTHS						Stillbirths	DEATHS							
		Legitimate		Illegitimate		Total	Rate		Under 1 Year			At all Ages				
		Males	Females	Males	Females				Total	Rate per 1,000 live Births	Males	Females	Total	Rate		
															3	4
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1936	310,686	2032	1955	99	90	4176	13.44	185	136	78	214	51.24	2071	2225	4296	13.83
1937	308,994	1937	1883	90	83	3993	12.92	173	115	82	197	49.33	2154	2330	4484	14.51
1938	308,297	1927	1933	94	93	4047	13.13	166	136	67	203	50.16	2100	2202	4302	13.95
1939	(a) 308,517 (b) 312,211	1975	1771	85	78	3909	12.67	180	142	88	230	58.84	2227	2375	4602	14.74
1940	329,138	2127	1945	100	96	4268	12.97	163	116	90	206	48.26	2357	2567	4924	14.96
1941	371,382	(a) 2215 (c) 2156	2125 2339	161 160	132 134	4633 5089	12.47	183 192	159	108	267	52.46	2465	2721	5186	13.96
1942	344,944	2427	2212	168	139	4946	14.34	180	135	93	228	46.09	2127	2301	4428	12.84
1943	327,163	2378	2246	183	163	4970	15.19	164	106	72	178	35.81	2201	2388	4589	14.02
1944	322,513	2607	2554	276	236	5673	17.59	180	132	99	231	40.72	2197	2359	4556	14.13
1945	313,559	2225	2199	333	287	5044	16.08	178	101	84	185	36.67	2214	2367	4581	14.61
1946	318,139	2754	2572	229	199	5754	18.09	156	136	87	223	38.75	2168	2817	4555	14.32
1947	321,605	2940	2791	214	166	6111	19.00	177	136	77	213	34.85	2286	2449	4735	14.72
1948	329,828	2603	2463	177	142	5385	16.33	136	117	69	186	34.54	2095	2169	4264	12.93
1949	(d) 330,247 (e) 339,077	2442	2361	138	146	5087	15.41	127	99	65	164	32.24	2242	2416	4658	14.10
1950	(e) 339,999	2290	2219	124	125	4758	13.99	125	78	66	144	30.26	2238	2418	4656	13.69
1951	(e) 339,800	2310	2319	132	108	4869	14.33	116	98	65	163	33.48	2370	2493	4863	14.31
1952	(e) 340,861	2370	2294	113	104	4881	14.32	115	84	65	149	30.52	2105	2271	4376	12.84
1953	(e) 341,463	2347	2219	90	129	4785	14.01	118	77	51	128	26.75	2193	2322	4515	13.22
1954	(e) 341,350	2392	2178	105	105	4780	14.00	155	67	33	100	20.92	2308	2209	4517	13.23
1955	(e) 339,760	2100	2120	113	89	4422	13.02	131	76	42	118	26.69	2304	2370	4674	13.76

Birth and Death rates calculated per 1,000 of the Population.

- (a) For Birth Rate. (d) Civilian population (for birth and death rates).  
 (b) For Death Rate. (e) Total population (including non-civilians stationed in the county).  
 (c) For Infant and Maternal Mortality Rates.

TABLE III.

Infectious Diseases notified in each District during the year 1955.

COUNTY DISTRICT	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Pneumonia	Meningococcal infection	Acute Poliomyelitis	Acute Encephalitis	Dysentery	Puerperal Pyrexia	Paratyphoid Fever	Food Poisoning	Erysipelas	Acute Rheumatism
URBAN														
Bodmin ...	-	-	-	6	5	-	1	-	11	1	-	-	-	-
Bude-Stratton ...	-	-	-	4	2	2	5	-	-	-	-	2	-	-
Camborne-Redruth ...	33	11	-	275	36	1	-	-	-	113	-	11	9	-
Falmouth ...	10	26	-	70	1	2	3	-	-	1	-	6	-	-
Fowey ...	-	1	-	30	-	1	-	-	-	-	-	2	-	-
Helston ...	6	15	-	209	2	-	-	-	-	1	-	-	-	-
Launceston ...	-	-	-	7	2	-	1	-	4	-	-	-	-	-
Liskeard ...	-	-	-	11	3	-	2	-	-	1	-	-	-	-
Looe ...	-	3	-	36	20	-	-	-	1	1	-	1	-	-
Lostwithiel ...	1	-	-	12	5	-	-	-	-	-	-	-	-	-
Newquay ...	8	4	-	27	2	-	-	1	-	-	-	1	-	-
Padstow ...	1	-	-	5	-	-	-	-	-	-	-	-	-	-
Penryn ...	2	1	-	-	-	-	-	-	-	-	-	-	-	-
Penzance ...	5	-	1	387	-	-	-	-	-	5	1	-	1	-
St. Austell ...	-	9	-	115	7	-	4	1	-	1	-	7	-	-
St. Ives ...	1	3	-	11	-	-	-	-	-	-	-	-	-	-
St. Just ...	-	-	-	10	-	-	-	-	-	-	-	-	-	-
Saltash ...	5	18	-	35	31	1	1	1	-	1	-	2	11	-
Torpoint ...	-	4	-	62	4	-	2	-	-	-	-	-	-	-
Truro City ...	3	3	-	17	3	-	2	-	-	-	-	-	-	-
TOTALS ...	75	98	1	1329	123	7	21	3	16	125	1	32	21	-
RURAL														
Camelford ...	2	2	-	8	1	2	6	-	-	1	-	-	1	-
Kerrier ...	4	41	-	161	1	-	-	-	-	3	-	2	-	-
Launceston ...	-	4	-	6	-	-	-	-	-	1	-	-	-	-
Liskeard ...	5	18	-	58	24	-	-	-	4	-	-	1	2	-
St. Austell ...	1	1	-	49	5	-	2	-	-	1	-	-	-	-
St. Germans ...	13	67	-	226	14	-	2	-	1	-	-	4	4	-
Stratton ...	-	7	-	6	9	2	-	1	-	-	-	-	1	-
Truro ...	8	36	-	238	35	-	1	-	-	3	-	12	2	-
Wadebridge ...	5	4	-	24	9	-	3	1	-	1	-	6	-	-
West Penwith ...	11	1	-	150	1	-	-	-	-	-	-	6	2	-
TOTALS ...	49	181	-	926	99	4	14	2	5	10	-	31	12	-
Whole County ...	124	279	1	2255	222	11	35	5	21	135	1	63	33	-



TABLE IV.

NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED IN  
RECENT YEARS.

Infectious Disease	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Cholera ...	280	167	176	214	263	311	284	236	162	124
Whooping Cough ...	550	720	1393	641	729	1485	421	1211	1294	279
Dysentery ...	155	44	27	3	16	10	11	8	—	1
Scarlet Fever ...	267	2288	2286	3569	668	5813	1041	6391	551	2255
Pneumonia ...	205	221	170	208	221	264	157	184	203	222
Cerebro-spinal Fever ...	17	9	4	2	8†	5†	7†	2†	7†	11†
Acute Poliomyelitis	3	32	17	105	98†	36†	21†	30†	10†	35†
Acute Polio-encephalitis ...	1	—	1	5						
Acute Encephalitis Lethargica ...	1	—	—	—	1†	3†	5†	5†	2†	5†
Epidemic Typhus ...	17	29	17	38	27	82	20	19	102	21
Epidemic Typhus ...	14	13	6	4	2	—	3	3	1	—
Puerperal Pyrexia	89	79	51	71	58	58	124†	127†	143†	135†
Smallpox ...	—	—	—	4	—	—	—	—	—	—
Paratyphoid Fevers ...	1	4	1	1	—	1	4	2	—	1
Paratyphoid Fever (excluding Paratyphoid) ...	—	—	2	—	2	—	—	—	—	—
Food Poisoning* ...	—	—	—	27	87	36	68	44	44	63
Dysentery ...	58	48	42	52	54	35	27	24	26	33
Scarlet Fever ...	12	1	3	—	—	2	2	2	1	—
Acute Rheumatism§ ...	—	—	—	—	3	12	5	4	8	—
TOTALS	1670	3655	4196	4944	2237	8153	2200	8292	2554	3185

\*—Not included in returns to Registrar-General until 1.1.49.

†—Under the Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations, 1949, which came into operation on 1st January, 1950,

(i) Acute Poliomyelitis includes Acute Polioencephalitis.

(ii) The Public Health (Cerebro-spinal Fever and Acute Poliomyelitis) Regulations, 1912, and the Public Health (Acute Encephalitis Lethargica and Acute Polioencephalitis) Regulations, 1918 and 1919 are revoked, and Meningococcal Infection made notifiable.

§—In persons under 16 years of age (notifiable from 1.10.50).

‡—The definition of Puerperal Pyrexia was revised by the Puerperal Pyrexia Regulations, 1951, which came into operation on 1.8.51.

TABLE V.

## CAUSES OF DEATH AT SPECIFIED AGES, 1955.

	All Ages	0—		1—		5—		15—		25—		45—		65—		75—		Totals	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. Tuberculosis, respiratory	48	—	1	—	—	—	—	1	1	4	6	17	7	8	—	2	1	32	16
2. Tuberculosis, other	7	—	—	—	—	—	—	—	—	2	1	2	—	—	2	—	—	4	3
3. Syphilitic disease	15	—	—	—	—	—	—	—	—	—	—	7	—	5	1	1	1	13	2
4. Diphtheria	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
5. Whooping cough	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
6. Meningococcal infections	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic disease	10	—	—	—	—	—	—	—	—	2	—	1	1	1	2	—	3	4	6
10. Malignant neoplasms:																			
stomach	140	—	—	—	—	—	—	—	—	—	3	30	3	28	20	27	29	85	55
11. do. lung, bronchus	95	—	—	—	—	—	—	—	—	—	—	45	7	27	5	7	4	79	16
12. do. breast	85	—	—	—	—	—	—	—	—	—	13	1	29	—	—	—	16	1	84
13. do. uterus	41	—	—	—	—	—	—	—	—	—	4	—	14	—	—	—	5	—	41
14. Other malignant lymphatic neoplasms	385	—	—	1	2	—	—	2	1	8	12	58	48	66	55	66	66	201	184
15. Leukaemia, aleukaemia	14	—	—	—	—	—	—	—	—	1	3	4	3	2	1	—	—	7	7
16. Diabetes	52	—	—	—	—	—	—	—	—	—	—	2	5	9	12	8	16	19	33
17. Vascular lesions of nervous system	677	—	—	—	—	—	—	—	—	2	—	41	53	71	131	129	249	244	433
18. Coronary disease, Angina	540	—	—	—	—	—	—	—	—	9	—	114	44	122	76	89	86	334	206
19. Hypertension with heart disease	124	—	—	—	—	—	—	—	—	—	—	13	8	21	15	24	43	58	66
20. Other heart disease	1057	—	—	—	—	—	—	—	—	3	6	45	42	105	109	312	435	465	592
21. Other circulatory disease	206	—	—	—	—	—	—	—	—	3	1	13	20	21	28	57	63	94	112
22. Influenza	31	—	—	—	—	—	—	—	—	1	—	2	2	3	5	8	10	14	17
23. Pneumonia	118	8	3	2	3	—	—	2	2	1	2	9	5	19	14	22	26	63	55

24. Bronchitis	...	147	1	—	—	—	1	1	—	—	—	1	—	23	5	25	13	37	10	85	59
25. Other diseases of respiratory system	...	56	—	—	—	—	1	1	—	—	—	1	1	18	3	14	5	11	1	45	11
26. Ulcer of stomach and duodenum	...	32	—	—	—	—	—	—	—	—	—	—	—	6	—	12	3	6	5	24	8
27. Gastritis, enteritis and diarrhoea	...	18	1	—	—	—	—	—	—	1	—	1	3	1	3	—	3	2	3	6	12
28. Nephritis and nephrosis	...	65	—	—	—	—	—	2	—	—	—	3	4	5	11	6	9	9	15	24	41
29. Hyperplasia of prostate	...	71	—	—	—	—	—	—	—	—	—	—	—	3	—	20	—	48	—	71	—
30. Pregnancy, childbirth, abortion	...	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
31. Congenital malformations	...	30	19	5	—	—	—	3	—	—	—	2	—	1	—	—	—	—	—	22	8
32. Other defined and ill defined diseases	...	466	45	30	—	—	—	1	2	2	3	10	11	36	41	41	44	76	124	211	255
33. Motor vehicle accidents	...	33	—	—	—	—	—	1	—	8	1	10	1	5	—	1	2	3	1	28	5
34. All other accidents	...	82	1	2	—	—	—	1	—	10	—	11	—	13	2	3	7	6	24	47	35
35. Suicide	...	43	—	—	—	—	—	—	—	1	—	6	3	15	6	5	3	3	1	30	13
36. Homicide and operations of war	...	2	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
		4695*	76	42	7	6	5	9	27	8	81	76	530	362	636	610	953	1267	2315	2380	

\* including 21 deaths in the Scilly Isles.

